DOCUMENT RESUME

ED 302 028 EC 211 825

AUTHOR Bermudez, Lydia V.
TITLE A Transition Program from a Hospital to a Mainstreamed Setting for Deaf Children: A Process of Parental Involvement.
PUB DATE 25 Apr 88
NOTE 136p.; Ed.D. Practicum I Report, Nova University. Some portions of the document contain light, broken type.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Dissertations/Theses - Practicum Papers (043)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Deafness; Emotional Adjustment; *Hospitalized Children; *Mainstreaming; *Parent Attitudes; *Parent Participation; Preschool Education; Puerto Ricans; Social Support Groups; Stress Management; *Transitional Programs

ABSTRACT

This practicum report describes the design and implementation of a program in Puerto Rico to facilitate the transition process for seven deaf preschoolers from a restrictive hospital environment to a mainstreamed regular school setting. The program stresses parental involvement by helping parents to accept their roles, not only as primary caretakers, but also as primary educators. Program strategies included organizing parent support groups to handle parental anxieties and stress. The introductory section describes the community and the writer's role. The chapter on the problem provides a problem description, problem documentation, a causative analysis, and a review of the related literature. A section on anticipated outcomes and evaluation instruments is presented next followed by a chapter on the solution strategy. The final chapter covers results, conclusions, and recommendations. The standards of performance were realized for all objectives. Parental attitudes concerning participation in school related activities evidenced definite improvement. Parents participating in the orientation program found it useful. Parents reported the overall program increased their self-confidence to manage changes brought on by the transition process in which the children were involved. A variety of appendixes provide statistical data, letters and forms used in the program, and parental attitude rating scales. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED302028

PRACTICUM REPORT

Center for the
Advancement of Education
Ed.D. Program

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

/ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A Transition Program From a Hospital to a Mainstreamed Setting for Deaf Children; A Process of Parental Involvement

by

Lydia V. Bermudez

EC 211825

3301 College Avenue
Fort Lauderdale, Florida 33314
305/475-7300

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lydia V. Bermudez
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

NOVA UNIVERSITY

A Transition Program From a Hospital to a Mainstreamed Setting for Deaf Children: A Process of Parental Involvement

By

Lydia V. Bermudez
Cluster XXIII

Report for Practicum I
presented to the Ed.D. Program
in Early and Middle Childhood in
partial fulfillment of the requirements
for the Degree of Doctor in Education

Nova University
Fort Lauderdale, Florida
1988

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Juanita Rodríguez

Dr. Juanita Rodríguez

Professor
Title

College of Education-Dept. of Graduate Studies
Address

University of Puerto Rico-Río Piedras, P. R.
City and State

February 8, 1988
Date

This practicum report was submitted by Lydia V. Bermúdez under the direction of the adviser listed below. It was submitted to the Ed. D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

April 25, 1988
Date of Final Approval of Report

Polly W. Peterson Ph.D.
Dr. Polly Peterson, Adviser

TABLE OF CONTENTS

TABLE OF CONTENTS..... Page

ABSTRACT..... iii

Chapter

I [illegible]..... vi

[illegible]..... 1

[illegible]..... 4

II [illegible]..... 7

[illegible]..... 7

[illegible]..... 10

[illegible]..... 15

III [illegible]..... 18

[illegible]..... 30

[illegible]..... 30

[illegible]..... 31

[illegible]..... 32

[illegible]..... 33

[illegible]..... 34

[illegible]..... 34

[illegible]..... 41

[illegible]..... 44

[illegible]..... 45

[illegible]..... 46

[illegible]..... 55

[illegible]..... 62

[illegible]..... 63

[illegible]..... 64

iii

BEST COPY AVAILABLE

APPENDICES:

A	ESTIMATED TOTAL NUMBER OF HANDICAPPED CHILDREN AGES 3 TO 5 IN PUERTO RICO.....	71
B	LETTER TO THE PARENTS.....	73
C	INTERVIEWS.....	75
D	QUESTIONNAIRE ABOUT PARENTS' DEGREE OF TRANSITION PROCESS.....	77
E	QUESTIONNAIRE ABOUT SOCIO-EMOTIONAL TRAITS.....	79
F	NEEDS ASSESSMENT INSTRUMENT.....	80
G	LETTER TO THE PARENTS FOR EVALUATION ACTIVITIES.....	82
H	RATING SCALE TO MEASURE PARENTS' ATTITUDES TOWARD THEIR CHILD'S TRANSITION NEEDS.....	8[illegible]
I	VELMAN LOG.....	87
J	RATING SCALE TO MEASURE PARENTS' PREFERENCES AND SATISFACTION AMONG ACTIVITIES.....	89
K	PARENTS' INTERVIEW AT THE END OF [illegible].....	9[illegible]
L	QUESTIONNAIRE TO FIND OUT THE PERSONAL INTERESTS OF CHILDREN.....	93
M	ROAD MAP OF MOTION.....	100
N	MEEDCH-MANDAL SOCIAL EMOTIONAL [illegible] FOR USE AND ADAPTED FOR THE SPANISH ENVIRONMENT PRE SCHOOL FORM.....	105
O	[illegible] OF THE [illegible] AND ADAPTED FOR USE IN PUERTO RICO.....	111
P	[illegible] PA. PARENTING MANUAL.....	120
Q	[illegible].....	122

ABSTRACT

A Transition Program From a Hospital to a Mainstreamed School Setting for Preschool Deaf Children: A Process of Parental Involvement

Bermúdez, Lydia V., 1988: Practicum Report Nova University, ED.D. Early and Middle Age Program
Descriptors: transition, mainstreaming, integration, parental stress, parental involvement, parents' attitudes, parent-child interactions, deaf preschoolers, deaf preschoolers' interactions, social-emotional adjustment.

The writer designed and implemented an innovative program to develop procedures to facilitate the transition process for deaf preschoolers from a restrictive hospital environment to a mainstreamed regular school setting. The focus was on parental involvement in this process. The program was used to assist the parents in accepting their roles, as not only primary care takers, but primary educators as well. It was additionally designed to foster parent-child interactions. The selected strategies for solution included organizing parent support groups to handle their anxieties and stress.

The results of the implementation were considered successful since the standards of performance were realized for all the objectives. Parental attitudes participation in school related activities evidenced commendable improvement as assessed by surveys and questionnaires. The parents participating in the orientation program found it useful and helpful. The overall program increased their self confidence to manage the changes brought on by the transition process in which their children were involved. They felt better prepared to both work with the school and to handle their children's behavior at home. The program implemented by the writer met the needs of the parents as well as the needs of the children.

Chapter I

Introduction

Description of Community

The community involved in the study is the one where the only public coeducational postsecondary institution in the writer's country is located. "The University", as everybody calls it, has its roots in a Normal School established in 1900 with the purpose of training graded and secondary school teachers for the school system.

Since 1903 when "the University" was founded, it has followed a course of growing and uninterrupted development. It has grown in enrollment, in faculty, and in programs for the preparation of personnel needed for the development of the island. At present it has over 55,000 students island wide at two year regional colleges, four years and graduate campusses, four years university colleges, four years technological university colleges, the Medical Sciences Campus and the Engineering College.

The Main Campus, as a comprehensive university is the leader in graduate programs. During the last years its principal growth has been in master's and doctorate degrees. In no other campus of the University System do programs for the preparation of architects, planners and public administrators exist. It is located in a two hundred eighty nine acre site in the metropolitan area.

Writer's Work Setting

The College of Education, where the writer works, is the official governing entity for teacher education at the Main Campus. It offers programs for school personnel in some areas which no other university in the Island offers. Among these are Industrial and Vocational Education, Foreing Languages (especially French and Italian), Child Care, and Recreation at bachelor's level and Teaching English to Speakers of Other Languages, Home Economics, and Research and Evaluation at the Master's level.

It has a faculty of 227 members, 161 in the teacher education program and 66 in the two Laboratory Schools. This faculty is well prepared in a variety of fields and posses degrees from 61 acredited institutions from the United States, Europe and Mexico. Twenty nine (29) percent hold doctorates, seventy (70) percent master's degree and less than one percent bachelor's degrees.

The University Secondary School is a three building complex located south of the Main Campus. There are eight regular classrooms, four science laboratories, one language laboratory, an industrial arts classroom, a typing classroom, two physical education classroom, offices and toilette facilities for faculty and students. It also has a library and a Resource Audiovisual Center. It serves 255 students.

The University Elementary School is located south of the Main Campus. It has thirteen regular classrooms,

one art classroom, one physical education classroom, one music classroom, a Library Media Center, a computer laboratory, a language laboratory, a teacher's lounge, administrative and teachers' offices, a school lunch room with office, storage and bathroom facilities for faculty and students, and a storage room. It serves 295 students.

These two schools are used extensively to provide early teaching experiences for the College students and demonstrate effective techniques of teaching. There is also a Maternal School Center for the program of Child Care in the School of Home Economics, to serve preschoolers from the community.

In harmony with the University Law, the College of Education has the responsibility of contributing effectively to enhance the quality of education by preparing professionals capable of contributing to the continuous development of an educational system that responds to the demands of the society and the contemporary world, and of assuming efficiently and effectively the leadership in education on the Island. As an essential part of this responsibility, the faculty of the College of Education bind themselves to the integral development of the students and to the intelectual, affective, social and cultural formation of our people, within a context of authentically democratic values.

In the light of the stated mission, the College of Education assumes a diversity of funtions: it develops programs for professionals in education; it offers programs for the

in-service education; it carries out and encourages research; it collaborates and coordinates efforts with the State Department of Education and other agencies and institutions that have educational functions; it gives advice on the revision, interpretation, design and implementation of educational programs; it promotes, sponsors and facilitates the professional development of its personnel and evaluates its programs and their functioning.

The Writer

The writer works as a faculty member at the College of Education, Special Education Program.

She holds an undergraduate degree in elementary education, a Master's degree and two Advanced Professional Diplomas in Educational Administration, Supervision and Counseling from the University of Puerto Rico. A master's degree in Educational Psychology from New York University and specialized studies in the education of hearing impaired students from Gallaudet University for the Deaf at Washington D. C.

She is certified by the State Department of Education in the following areas: special education teacher, elementary school English teacher, secondary school English teacher, elementary school principal, superintendent of schools, general supervisor of school affairs, general supervisor in

special education, guidance and counseling technician, and special education curriculum technician.

The writer has served the public system for 18 years. She has worked as a teacher, as a school principal, as a counselor, as a general supervisor, as an executive director at the State Department of Education Main Office, and as a college professor in special education. During eight years she worked as an assistant professor in education in a private university college. Also, she has been working part time as a consultant for the Head Start Program and as a volunteer for the New York Foundling Hospital.

In 1985 she was elected as the secretary-treasurer for the Caribbean Association on Mental and other Developmental Disabilities, and in 1987 as the site coordinator for a special federal project organized by the American Academy of Pediatrics for Federal Region II - New York, New Jersey, Puerto Rico and Virgin Islands.

At present she teaches teachers to teach handicapped children, supervises the practice teaching internship, and coordinates field and laboratory experiences for a group of regular teachers related to the hearing impaired. She also works as a volunteer researcher for the laboratory classroom organized by the Graduate School of Education.

Her duties there consist in working directly with the project's director in the organization and establishment of the laboratory classroom, the organization and planning of laboratory experiences for the student teachers, the organi-

zation of activities with the children and the coordination of parental involvement activities.

This project provides her the opportunity to put in in practice her experience and her skills in special education to work with hearing impaired children, parents and personnel to solve a functional problem in her work setting.

During the next two years she will be involved in two research projects. The first one is a Standardization Study to translate and validate the Meadow-Kendall Social Emotional Assessment for Deaf and Hearing Impaired Student Inventory Pre School Form. It is sponsored by the Caribbean Resource Center for the Deaf and the Office of Academic Affairs of the University of Puerto Rico. The other one is a Standardization Study of the Spanish version of the Early Screening Inventory (ESI) in coordination with Dr. Samuel Meisels from the University of Michigan, Center for Human Growth and Development. The project intends to standardize the ESI for Puerto Rican students.

Chapter 11

Study of the Problem

Problem Description

The Commonwealth, where the writer lives, in recognition of the importance of early intervention, is embedded in Law 21 of 1977 which guarantees educational services to the handicapped population ages 21 and under. Accordingly, since 1970, efforts have been made by the State Department of Education to incorporate the handicapped population ages three to five in special programs. The last child count during 1986-1987 reports 2,279 children ages 3 to 5 receiving special education services (Appendix A). Of those, 315 were served under the incentive Grant Program.

Nevertheless the number of children in the referred age bracket requiring special education services in the Island greatly surpasses the number of children actually being served. Several conditions present in the country corroborate the afore mentioned statement. Demographic records show that 33,393 children were born in the Island from 1981 to 1985. Utilizing 5 percent to project the incidence of handicapped children ages three to five produces a total of 8,334, considering 50 percent of 33,393 as the population in ages three to five, in need of services. In addition, there are still present in the Island's environment several factors that generate disability, such as poverty, unemployment and lack of appropriate living facilities.

The writer's work site is the only public coeducational post secondary institution supported by the state. Since it was founded in 1903, it has been providing educational services to the Island's community through different levels of instruction - from kindergarten to high school in their Laboratory Schools at the Main Campus, and from undergraduate to graduate degrees in their different colleges islandwide. The institution has never provided educational services to the community handicapped children in their Laboratory Scools, but has a very well organized program to prepare special education teachers.

Due to the increase in the handicapped population ages three to five and to be in compliance with Public Law 99-457, Commonwealth Law 21 and court orders, the State Department of Education proposes to develop a comprehensive service delivery system for preschool handicapped children.

The University also wants to serve the community in a better appropriate way. For this reason the College of Education began to foster its programs in special education at the graduate level.

In August 1986, the Department of Graduate Studies, in coordination with the Federal Government and the State Department of Education began to offer special inservice training for regular teachers related to the hearing impaired. Many of these teachers had been working with deaf children with little or no professional training.

The training provided the participants the opportunitu-

nity to be certified by the Council on the Education of the Deaf in the United States. This training required direct observation, field experiences, and working experiences with hearing impaired and deaf children every week. In order to satisfy the requirements of the project,a laboratory classroom to teach deaf students had to be organized. In this way the project participants had the opportunity to observe and put in practice the theory and knowledge learned in their courses.

Since September the laboratory classroom began to provide services to a group of seven deaf preschoolers who were transferred from the University's Medical School Hospital to the Maternal School building near the College of Education. These seven preschool deaf children were the pioneers. This was their first experience in a regular school, but also they were the first group of handicapped children at the Laboratory Schools. The transition process to the new setting brought with it a lot of changes that the children, parents and teachers had to face.

Due to their communication problems, their parents were worried about how the changes brought on by the transition would alter their children's interaction patterns with other people, and how they would affect their social-emotional adjustment to the new setting. Stress was placed on the parents as well as on the children. The parents' reactions demonstrated insecurity on how to use everyday events in their homes to foster their children's needs.

The writer was invited by the Dean of the College and the Director of the project to work directly with the parents, trying to help them to deal their worries and stress during the transition process.

In conclusion, the problem was that the parents of the seven deaf preschoolers were experiencing stress and anxiety related to their children's move from the hospital to the regular school. Their reactions demonstrated insecurity on how to use everyday events in their homes to foster their children's needs and development.

Problem Documentation

In order to provide documentation of the problem stated in the previous section, the writer solicited the cooperation of the parents and the school personnel. She utilized a variety of strategies in order to collect the data: interviews, questionnaires, and needs assessment.

A personal interview was conducted with each student's parents. They provided personal information about their children and the impact of the child in their family. During the interviews, (Appendix C) the writer induced the parents to express their worries about how the changes brought on by the transition process could affect their children's social-emotional adjustment to the new setting. All of the parents expressed their worries about their children's social emo-

tional development. They seemed to be conscious that a child's social-emotional development is greatly influenced by the range of experiences, by how the people treat them, and by their developing ability to express their own feelings,desires, and needs, and to understand those of others. The same was supposed to happen to their children,but their problem in communicating with others affected their self concept and their ability to play and share with others. They were worried about how the new setting could satisfy their deaf children's social-emotional needs due to other hearing preschoolers in the school, how their deaf children would feel about themselves in the new setting with a new teacher, how they could be taught, and how they should be treated. They also were worried because their children had never been assessed in these social-emotional aspects.

From the questionnaires administered to the parents (Appendices D,F,G,) the writer collected the following data:

The group was composed of three boys and four girls.

Their ages were from 3 to 5 years.

All of them were deaf from birth.

All of the parents attended school.

Forty percent of them had a high school diploma.

There were no professionals in the group.

Eighty percent of the mothers were housewives.

Fifty percent of the children lived with both parents.

Fifty percent of them lived with their mothers only.

All of the students had received early intervention at

a hospital program.

- All of them had participated in the educational services provided by the hospital: two of them since two years ago, three of them since one year ago, two of them since six month ago.
- All of the parents expressed that their children liked to play when they were at home or when they were with their peers at the hospital's program. They manifested problems to play when they were at new places and with new children. They did not play with other children at the hospital. At home all of them were in contact with their older and younger siblings.

From the personal information of the children provided by the parents, it was found that:

Fifty percent of the children bit their nails.
Fifty percent of the children sucked their fingers.
Seventy five percent of the children wet their beds.
Seventy percent of the children demonstrated shyness.
All of the children appeared to be happy most of the time.
All of them demonstrated jealousy.
All of them demonstrated selfish behavior.
All of them demonstraded fearful behavior.
Fifty percent of them needed to be helped at home.
Fifty percent had few friends.
Fifty percent of them had many friends.

All of the children got angry very easilly.

All of them depended on others.

Fifty percent of them were alone frequently.

Fifty percent of them cried during the day.

All of them presented difficulties to be understood.

All of them demonstrated anxiety and stress during new experiences.

From the data collected from the parent's questionnaires, the writer found that all of these parents were worried about:

- their children's adjustment to the new setting
- their children's acceptance by other children and adults
- how other people could understand their children in the new setting
- their children's behavioral changes after transition
- how their children could be teased by others
- their inability to manage and control their children's behavior
- how they can help their children at home
- the related services required by their children

The Needs Assessment Instrument administered to the parents demonstrated that the parents needed to be oriented in all the points presented by the writer (Appendix E):

hearing impairments

nature and needs of the hearing impaired children

child development
developmental disabilities
how to handle stress
how to teach their children at home
teaching methods and techniques
sign language
how to use the hearing aid appropriately
parents as teachers
community resources
how to understand their children better
the importance of early intervention in the education of young handicapped children
activities to be developed at home to help their children

In both questionnaires the writer used open questions in order to receive the parents' direct information that was not presented in the questionnaires. One hundred percent of the parents expressed their expectations about how this new placement could help their children. Also, all of them expressed that they preferred to meet at the school once a week in the morning to receive orientation in how to use every day events to foster their children's development.

From the data collected, the writer observed that one hundred percent of the parents were worried about the changes brought on by the transition process of their children from the hospital program to the new setting and that they needed to be oriented and trained to work with their children at home and to use every day events to manage their children's educational programs and behavior. Every one of

them expressed their need to learn how to manage their children's hearing aid for educational purposes and that they needed to know how to understand their children's social emotional development in order to help them to adjust and interact better in the new setting.

As a special point, the writer considered the parents' concerns about the need to assess their children's social emotional development. They had observed many differences among their deaf children, but could not explain them. That situation brought with it an additional problem: there was no intrument available in Spanish for that purpose.

Causative Analysis

The birth of any child adds stress to a family situation, including the responsibility for the welfare of an infant, the need to reallocate financial resources, changing communication systems, and the resulting in relationships with friends and other extended family members. Many families have difficulties dealing with the normal stresses, as evidenced by the significant increase in divorce rates and the large number of single-parent families.

The perceived and real stress of raising a handicapped child may seem overwhelming to parents. Everything must be

viewed from a different perspective, from simple tasks such as finding a good and willing babysitter to the more complicated task of planning the child's future.

The particular form and nature of stress varies as a function of the child's handicap and the family's exsisting support systems. Handicapped children usually place stress on normal family activities and routines because of their additional needs for care, particularly in basic self help skills.

A handicapped child, in addition to placing excess time and work demands on families, may also place limits on family opportunities and social life. A related form of stress comes from not knowing what to do with a child or how to handle a particular problem. The parents want to participate in the child's educational program and want frequent and informal contacts with the teacher, but many of them do not want to function as a teacher for their child. Many of them think that is the school's responsibility. Finally, an associated form of stress is deciding what type of educational services to advocate.

In the particular case presented by the writer, the parents demonstrated pleasure and satisfaction with their deaf children's new placement, but the integration strategies utilized in the new mainstream setting created a dilema for them. They wanted their children to be as normal as possible but did not want the additional stresses of the transition process: the potential for teasing by peers, daily reminders of the discrepancies between their child and nonhandi-

capped children, and a concern that the mainstreaming environment may not provide the best educational setting for their children.

The writer perceived that the most important cause of parental stress was their worries about how they could make progress in it.

The parents involved in the writer's study were also concerned about how their children could be liked and accepted, and how other children may be cruel and tease them. They manifested insecurity on how to manage every day events in order to foster their children's social emotional adjustment. They were also concerned about other factors that influenced the process of integration: the number and type of children involved, the severity of the handicaps, the ages and developmental levels of the children, the goals of the program, the training of the teachers, the parental involvement and the school community reactions. They manifested to the writer their understanding that simply mixing their deaf children with non handicapped ones does not ensure their social interactions. They understood the issue that the social emotional adjustment of their deaf children was impided by their problems of communication with others and by their deficient social skills, but that it was impossible to measure because no appropriate instrument existed to do it. Due to these factors, the parents of the seven deaf preschoolers manifested insecurity and stress related to how to manage the changes brought on by the transition process and how to

use everyday events to foster their children's social-emotional adjustment to the new setting.

The Related Literature

The review of the related literature gave the writer a greater understanding about how the transition of handicapped children into a public school marks the beginning of a long association between parents and professionals. This association may be rewarding for all family members, or may prove to be a road strewn with dissent and unfulfilled promises.

Professionals can offer valuable help to families during all the stages involved in the process. They can help parents identify the criteria that constitute a quality of life for the family, understanding that each family has unique ideas regarding what they consider important.

Changes brought on by transition produce stress in all families (Mc Cullough, 1980) and possibly greater stress for those families that have a member with a disability (Brotherson, 1985; Wikler, 1983). Others (Brotherson, Backers, Summers and Turnbull,1986), however, suggest that stress can be minimized when families are more aware of what the future holds for their children.

Since Public Law 94-142 was passed in 1975, there has been a profound change in the way special education works. A trend is toward mainstreaming children into educational settings that do not restrict them from normal social and educational opportunities. There are diverse opinions: Kaufman, Gottlief, Agard, and Kukic (1985) define mainstreaming as "the temporal, instructional, and social integration of eligible exceptional children with normal peers on an ongoing, individually determined educational planning and programing process".

Bricker (1978) identified rationales for the integration of handicapped and non handicapped preschoolers. They include social-ethical arguments, legal-legislative arguments. From the social-ethical perspective, integration may facilitate the acceptance of handicapped children by their non handicapped peers. Woeltz (1980), for example demonstrated that contact with severily handicapped students resulted in improved attitudes by their non handicapped peers. Nonhandicapped children also became more realistic of their perceptions regarding the abilities of handicapped children. Integration also prevents negative effects of segregation into special programs, such as labelling young handicapped children "as the slow group". Finally, the normalization principle described by Wolfensburger (1982).advocates, "utilizations of means as culturally normative as possible, in order to establish and/or maintain personal behaviors which are as culturally as possible". A complete lack of non handi-

capped peers is culturally abnormal situation.

The most obvious legal-legislative guidelines for mainstreaming are found in Public Law 94-142 which states that public school programs must educate handicapped children with non handicapped in the least restrictive enviroment, according to each child's needs. This mandate implies that all children have a basic right to interact with non handicapped persons.

Psychological-educational arguments are based on the premise that integrating handicapped and non handicapped children may be therapeutic or educational benefit for the former. Bricker (1983) suggests several reasons for this assumption. According to Piaget (1963), children need demanding environments to grow and learn; non handicapped peers may create a more demanding enviroment. Non handicapped children may also serve as models for handicapped preschoolers. Imitation can be achieved with positive benefits with appropriate planning organization and structure. Non handicapped peers may serve as formal and informal tutors. From an informal perspective, non handicapped children can appropriately adapt their behaviors to the level of handicapped children. For example, Guslnick and Peulbrown (1977; 1980) demonstrated that non handicapped preschoolers adjusted their speech to the level of handicapped children. Non handicapped children have been formally trained to tutor handicapped children in a structural learning environment.

Despite the sound rationale for integrating handicapped and non handicapped preschoolers, relatively few mainstreamed early childhood setting exist. At least 10% of all children served by Head Start must be handicapped, but most are mildly retarded or have speech or language delays. The moderately or severely handicapped preschooler is typically served in a self-contained developmental day center designed to meet the needs of handicapped children, with little or no planned interactions with non handicapped children. Why is mainstreaming the exception rather than the rule? Tawney (1981) cites several problems. Regular early childhood educators are usually not trained in teaching techniques for developing appropropriate programs for handicapped youngsters. Many regular teachers may also have negative attitudes toward handicapped children or resent their instruction. The same may be true for parents of non handicapped children. In addition mainstreaming requires a technology of teaching that has not yet been adequately developed. Often the discrepancy in skill levels of handicapped and nonhandicapped children makes planning meaningful activities for all children difficult. Sometimes mainstreaming has been accomplished by dumping handicapped children into regular environment without adequate planning or preparation, creating negative attitudes in everyone.

Integration of handicapped and non handicapped youngsters should still be attempted despite the barriers. As Safford and Rosen (1981) suggest, "mainstreaming means pro-

viding experiences most likely to ensure that handicapped children can realize maximun potential for full participation in society and independence of functioning". Without classroom experiences, mainstreaming outside the classroom environment may not occur.

Mainstreaming handicapped preschoolers is not an easy task. Several authors such as Blacker-Dixon, Leonard, and Turnbull (1981) have suggested general guidelines to increase the likelihood of successful integration. They conclude that several elements are critical to successful early integration: physical and cognitive adaptation of the classroom to incorporate handicapped children, provision of multisensory learning stimuli and experiences, incorporation of child strengths and weaknesses in the development of curriculum, promotion of peer tolerance and acceptance of all children, some focus on independence and exploration of the environment, and promotion of social interaction. Adequate teacher preparation is also essential and should address attitudinal as well as instructional concerns.

Many other factors influence the effects of mainstreaming handicapped and non handicapped children. These include the number and type of children involved, the severity of the handicaps, the ages and developmental levels of children, the goals of the program, and the training of the teachers. Because of the diversity of influencing factors, considerable research is needed to predict which type of program will be best for facilitating the development of

given handicapped children (Guralnick, 1981).

Simply mixing handicapped and non handicapped children will not ensure social interactions, or imitations between members of the two groups. Social interactions must be planned (Guralnick, 1978). The severity of the child's handicap is also correlated with the amount of social interaction with non handicapped children. The more severe the handicap, the lower the percentage of social interactions with non handicapped children (Guralnick,1981). In addition, the more severe the handicap, the less the child will likely benefit from integration.

Delayed communication skills in hearing-impaired children also serve to limit interactions. Vandell and George (1981) observed dyads of hearing and deaf preschoolers and found that number and length of interactions observed were greater in like (deaf-deaf or hearing-hearing) dyads than mixed dyads. In both situations deaf children were observed to make frequent and persistent social imitations. However the imitation attempts of deaf preschoolers were more likely to be actively refused by the hearing child. The authors also observed many instances when social initiations were made toward the deaf child but the deaf child could not receive them (gestures or vocalizations behind the child's back). Thus the hearing impaired children often were not able to respond to others attempts at social interactions.

The hearing impaired individual is often at a serious disadvantage when interacting with others. The individual may suffer from a poor sense of identity and find relationships with similarly impaired individuals more satisfying. Visual and tactual senses become mandatory for functioning in the environment, and the difficult task of interacting with others may prelude relationships with any but the profoundly deaf (Moores, 1983).

Deaf preschoolers have more adjustment problems than hearing children. When deaf children without overt or serious problems have been studied, they have been found to exhibit characteristics of rigity, egocentricity, absence of inner controls, impulsivity, and suggestivility (Meadow, 1980).

The adjustment of deaf adults was studied in New York state (Baroff, 1969). Deaf individuals were found capable of establishing effective personal contacts. Seventy five percent of those interviewed claimed they had close friends, and a higher percentage reported being with others on a social basis at least once a week. Almost half reported having hearing as well as deaf friends; one third of deaf individual interviewed, however, felt that hearing people had negative feelings toward them.

The deaf may be somewhat self-centered because they lack understanding of the emotions of others that are communicated by language (Sanders, 1980). Deafness itself

does not cause emotional problems or mental illness. If present from early childhood, however, deafness may create considerable strees and adversaly affect personality development.

In a review of investigations of social maturity of deaf children, Myklebust concluded that they are often less mature than hearing children (Myklebust, 1964). This appears to be the result of the higher levels of social competence required with advancing years, and deaf children's difficulty in attaining self-help and self-direction skills needed to meet this levels. According to Myklebust, deaf individuals may manifest fifty to twenty percent less social maturity than do hearing individuals (Moores, 1983).

Involving parents in the evaluation of their children is very important. It helps to understand the parents' view of the child developmental level and educational needs. Active parent involvement also enhances the probability that the parents will understand the information they receive. Parents should have the opportunity to share information with educators and to receive information and interpretations from them. They should also be assured of the strict confidentiality of this information.

Facilitating parent child interactions is an important, but complex responsibility of the early childhood special educator.

No simple solution exists, in part because the needs of each family are unique and must be met in a variety of ways. The fundamental need is to help children and parents respond to each other in an enjoyable and meaningful fashion.

The challenge is exciting. Appropriately preparing individuals with severe disability, as deaf preschoolers are, with the academic, social, emotional, and vocational skills to function in a society, is a complex process. It requires innovative efforts by family members and professionals working toward shared goals. The possibilities are boundless, and the benefits for persons with disabilities are unlimited if energies and imaginations are applied together in a partnership of progress.

Family stress should be focused on and minimized. High levels of stress in families are associated with child abuse and neglegt. Violence is only one of many possible responses to stress (Levin, 1983). Why some parents respond to stress with agression while other parents respond by copying, with passivity, resignation, or avoidance is not fully understood but is a demanding role. The demands are increased by children who have special problems such as motor, social, sensory, or cognitive handicapping conditions. For some parents, their child's problems become a source of naging stress

(Tower, 1984). Clearly, the early childhood special educator can and must play a significant part in the prevention, early identification, and treatment of child abuse and neglect. Their comprehensive knowledge of child development and their keen sense of observation provide them with the necessary tools for early detection. Their ability to facilitate children's development is a key ingredient in ameliorating developmental delays resulting from maltreatment, and their commitment to universal parent education can be a potent preventative service (Skoblinsky, 1984).

The parents should be prepared to manage their handicapped children's behaviors. The children should work better because they could receive attention and assistance, rather than rejection. They should develop appropriate competence in copying with the problems they have. Parental stress and anxiety could be handled more appropriately.

In conclusion, a review of the literature has shown to the writer how the changes brought on by the transition of a handicapped child to a new educational setting mark the begining of a long association between parents and professionals.

This changes brought on by transition produce stress in the family. The stress could be minimized when families

are more aware about what the future holds for their handicapped children.

Mainstreaming children into educational settings is one of the requirements of Public Law 94-142. There are diverse opinions about this integration strategy, because simply mixing handicapped children and non handicapped children does not ensure social interactions between them. The more severe the handicap, the lower the percentage of social interactions with non handicapped children.

The direct involvement of parents in decisions affecting their children is essential in order to facilitate the transition to a mainstream setting. It is a team work effort between the child, the parents, the professionals and the community resources available.

Research in developmental psychology has demonstrated that parents and infants influence the behavior of each other in distinct, reciprocal ways. Through this interactions parents learn how to elicit certain social and affective behaviors from their child and consequently gain greater confidence about their personal competence; similarly, children learn that their behavior leads to predictable outcomes, thus their patterns of smiling, crying, activity, and so on, are reinforced.

Early intervention programs and preschool curricula now play great emphasis on the involvement of parents in classroom and in their young child's therapy. Parent

involvement not only emphasizes the learning of how to develop skills for their handicapped children but also addresses the parents' emotional needs in adjusting to a child with special needs and the stresses that entails.

Kauffman (1985) suggests that socially isolated deaf children respond to the social learning principles of modeling and imitation. Teachers and parents should therefore seriously plan opportunities for these children to observe positive, pleasant behavior and social interaction. He emphasizes the critical role of play in the development of skills leading to social competence.

Parents and teachers have to be directed to become social engineers who can help handicapped children to play appropriately with others, as a means toward ensuring the development of acceptable social skills (Neisworth, 1985; Burstein, 1986).

The importance of creating an environment that promotes spontaneous and appropriately directed play cannot be underestimated. Perhaps the challenge now is to create a three-way balance among less structured creative activities, freedom of choice, and directed tasks designed to remedy developmental deficits.

It is important to believe that young children are happiest when they know someone cares enough to allow them to be unique, while preventing them from behaving in selfish, thoughtless ways.

Chapter 111

Anticipated Outcomes and Evaluation Instruments

Statement of General Goals

The transition process in which a group of seven preschool deaf students were involved brought on changes that could affect their interactions with others and their social-emotional adjustment to the new mainstream placement. Their parents manifested anxiety and stress on how to manage these changes and how to use everyday events to foster their children's social-emotional adjustmnet to the new setting.

As a result of this problem, the writer generated four general goals for her project:

1. To develop procedures to facilitate the transition process for seven deaf preschoolers from a hospital restrictive environment to a maintream regular school setting through parental involvement.

2. To foster parent-child interactions facilitating the coordination of family support services to meet the non-educational needs of parents.

3. To develop strategies to handle the anxiety and stress of the parents in order to increase their self confidence to manage the changes brought on

by the transition process in which their children are involved.

4. To develop procedures to assess the social-emotional development of the seven deaf preschoolers.

Behavioral Expectations

The analysis of the literature which discuss the procedures to integrate deaf preschoolers in the least restrictive environment showed that the methods and ways of integration were widely varied. However, many of the sources suggested the use of different strategies to serve young handicapped children. They provided for a continuum of alternatives for placements ranging from home based programs, center based programs, and other options according to the child's need. The writer chose the first specific behavioral objective with this in mind. The second behavioral objective intended to increase the involvement of parents in the educational process of their deaf children in order to satisfy their own needs to face the changes brought on by the transition process of their children. The third behavioral objective intended to measure the second and third goals of this project as stated in the previous section. Therefore, the following specific behavioral objectives were chosen:

Evaluation Instruments

The writer proposed the following strategies to measure her objectives:

1. The first objective was measured by retesting with the same questionnaire given to the parents at the beginning of the project (Appendix D) in order to compare the findings after twelve weeks. The data collected demonstrated how the integration strategies used, helped the deaf preschoolers to increase their interactions with other people and their social-emotional adjustment to the new setting.
2. The second objective was measured by retesting the Needs Assessment Instrument in order to know how many of the needs expressed by the parents at the beginning of the project were satisfied at the end of twelve weeks (Appendix F).
3. The third objective was measured by a written made rating scale (Appendix H), containing fifteen questions related to the parent's attitude towards their child's transition process, their child's integration to the new setting, and their self-confidence improvement to manage their anxieties and worries.
4. The fourth objective was measured by translating and adapting the Meadow-Kendall Social Emotional Assessment for Deaf and Hearing Impaired Student Inventory to measure the social—emotional development of the seven deaf preschoolers.

The questionnaires used to measure the objectives of the project were constructed by the writer. All of them were written. Some of the questions were open-ended. The writer allowed a half hour for their administration. They were answered individually by each parent.

Mechanism for Recording Unexpected Events

When the writer planned the project, she made provisions for unexpected occurrences. In order to accomodate unexpected events, the writer kept a weekly log (Appendix N) for each day involved in the project. The log contained a summary of successes and failures that occurred during the week, as well as any parent or professional concerns regarding the proceedings. The logs were reviewed each week in an effort to ensure that all parents received the attention required in order to satisfy their child's and their own needs.

The implementation of this practicum included a number of strategies in order to facilitate the transition process for the deaf preschoolers through parental involvement. It was quite likely that one particular strategy would be more successful and better-liked by some parents than mothers. Therefore, the writer kept a rating scale (Appendix J) for each strategy used with the parents. In this manner, the writer avoided continuing strategies which were not successful at a particular time, while concentrating on those strategies which met with the greatest success.

Chapter IV

Solution Strategy

Discussion and Evaluation of Possible Solutions

Until recently, intervention programs for handicapped children have focused almost exclusively on the child. Within the past decade, however, parental involvement has been recognized as a necessary component of early intervention. Unfortunately, this has not always been translated into meaningful interactions with families. Typically, teachers are untrained in techniques for working with parents and consequently have had to learn such skills through on-the-job experience and in trial -and- error interactions.

Several points should be made about working with families:

First, dealing with parents requires sensitivity and understanding, and cannot be learned by reading a book or listening to a lecture. It takes experience, maturity and sensitivity that can only be developed through face-to-face interactions.

Second, few parents are adequately prepared to raise a handicapped child. They may be under considerable pressure and stress. It is necessary to help parents by identifying strategies for reducing stress.

Third, parents have legal rights as consumers of public educational services, and the educators must serve as both an informer and an advocate of those rights. Parents can participate in planning and implementing the child's intervention program.

Fourth, parents of handicapped children have the same life goals as all parents. Unfortunately, the presence of a handicapped child sometimes stigmatizes all members of a family. Parents of handicapped youngsters are not different from those of typical children. The educator must listen, learn, and interact naturally with parents, and show a genuine interest.

Fifth, parental involvement must be individualized. Each family has its own unique needs and a predetermined set of services cannot meet each situation.

Early intervention programs can help parents cope with stress. Such programs should focus on identifying and predicting existing or potential sources of stress and planning strategies to deal with problems as they occur. The early childhood special educator should initially assess existing and potential stress and support systems for each family.

Assessing stress requires the consideration of a number of factors. In general, stress should be interpreted within the developmental context of each family. Galbraith (1983) suggested that four crisis periods exist when families need stress support systems: when parents first become

aware that their child is handicapped, when the child becomes eligible for education and the parents must begin to face the level of disability, when the child leaves the school, and when parents are aging and cannot assume responsibility for their child's well-being.

Support of parents after a transition process is important. Taylor and Hall (1980) suggest that a secure bond between parent and child cannot develop until parents have an opportunity to work through their initial grief. "To accomplish this, we encourage parents to express and discuss their feelings of fear, anger, guilt and sadness between themselves and with us, and let them know that their feelings are shared by most parents of premature and sick babies". The communication process is very important. Taylor and Hall suggest principles for insuring appropriate communication with parents:

1. Determine and address the parent's perceptions.
2. Begin each discussion by listening to the parents' perceptions of their child's condition and of what they have been told.
3. Check frequently during discussions to determine the parents' interpretations of what they are hearing and modify input as initiated.
4. Do not lecture.
5. Avoid information overload, statistics, and technical jargon.

The stress and needs of each family vary according to

a number of variables. Although the special educator's ability to alter stressful situations may be limited, the knowledge of community resources may allow the educator to make a helpful recommendation. Providing parents with the name and indicating this as familiar, supportive individual will alleviate some of the stress in seeking needed services.

Other services can be provided or facilitated by the organization of a team of specialists to help parents cope. Perhaps the most important strategy is to work as an ally of parents (Minde,1980). Parents need time and attention so they can talk about their problems and accomplishments.

Another important strategy is participation in support groups. Often parents of handicapped children feel alone and isolated. Meeting others who have handicapped children helps parents to realize that they are not alone. Families under similar circumstances can be a source of support and strength and can share suggestions for coping with particular problems. Support groups often achieve objectives in the community that no individual can accomplish. Vandercman et al. (1980) suggest that support groups help create an atmosphere of trust, caring, and mutual aid; offer opportunities to share feelings and experiences; enable the parents to attain reinforcement and empathy; and provide a reference group by which parents can more accurately evaluate their status and performance.

Delany (1980) described a model program for fathers of

infants. Fathers attend a two hour week class where they can discuss observations and topics of interest and have a music and exercise period, a snack, a guest speaker, and a preview and planning of the next weeks' activities.

Parents continue to be involved in the social-emotional development of their children through educational experiences. This involvement provides a base for the child to expand his social world to others. Parental involvement can also help insure more appropriate education for children by specifying goals and identifying appropriate intervention strategies, increasing the likelihood of generalization into the home, and bringing about intervention efforts. In addition of providing information to parents, intervention programs can use parents as teachers. As teachers they can motivate children, can reinforce newly acquired skills at home, and can provide valuable information for others working with the child.

Rutherford and Edgar (1979) suggest that the joint determination of goals is important for rewarding and successful parent involvement in the classroom. Using parents merely as aides or for cleanup may be necessary at times but is not very rewarding for the parent.

Substantial literature exists describing how parents can teach their young handicapped children (Foley, 1979). However, as Hilton and Turnbull (1981) point out, many parents prefer not to function as teachers of their own children. Further, some are unable to devote substantial time

to teaching activities because of their commitments and responsibilities and yet may be actively involved with their child without engaging in activities. Even though they may not function as teachers, most parents are sincerily concerned about their child's learning, and should be involved in the assessment process and decisions.

Jenkins, Stephens, and Sternberg (1980) describe several strategies for meeting the information and training needs of each parent.

Individualized training may be at home, media or center based and is designed to meet the unique needs of each family. A program representative serves as a contact person with the family and conducts an individualized assessment of information and training needs. While individualized training is flexible and relevant to the needs of the individual, it is expensive and time-consuming.

Restrictive group training involves the provision of a limited number of group training sessions. Group training is economical and provides an emotional support system with other parents of handicapped children. Jenkins et al. (1980) suggest that problems include practical obstacles such as babysitting and transportation, difficulties in prioritizing each family's need, and the inability to deal confortable with individual problems in a group setting.

Continuous group training is held more frequently than restrictive group training. Weekly sessions focus on classroom activities and problems. Continuous training

allows for the presentation of more information and fosters an effective communication exchange among parents and teachers. The disadvantages are similar to restrictive group training. In addition, many parents may not be able to devote so much time to the child's preschool program. Many preschool programs use a resource room so parents obtain information to meet individual needs. A resource room should contain reading and audiovisual materials on handicapping conditions and on topics such as self help skills, siblings, and behavior management. Materials should cover a range of reading skills and should be catalogued for easy reference. The room should also contain a resource directory for community services, the names and phone numbers of contact persons, and resources for obtaining additional materials and information. The room could include a library of toys, books, and other materials that can be checked out and taken home. Finally, suplies and equipment should be available so parents can make and design teaching materials either on their own or from suggestions and written instructions.

Winton and Turnbull (1983) found that parents prefered frequent, informal contacts with the teacher. Teachers should be aware of the importance of informal contacts made at arrival and departure times and should be available to talk with parents. Teacher aides or paraprofessionals should also understand the importance of these times and should be be trained to interact appropriately with parents.

Finally, if parents do not pick up their children at school, teachers should send information home daily on the child's present and planned activities as well as problems or achievements. Such information can be provided through a short note or by sending samples of child's work with comments regarding goals for that activity.

The ideal parent program should encompass a variety of options, allowing parents to determine their own level of involvement. Training should be presented as a possitive option. Parent's needs for information will change as the child grows and encounters new situations. A good preschool program for handicapped children should adapt its involvement component to meet the changing needs of families.

Description of Selected Solution

The solution to the problem of stress and anxiety of the seven deaf preschoolers' parents after their children's transition process, was based on the various strategies which have been described in earlier sections of this project. Each of these strategies was adapted to meet the needs of the parents and their children. The writer chose these strategies from different areas described in the previous section.

The first area from which strategies were selected was the use of an instrument to assess parental stress. A questionnaire was administered to the parents in order to know the causes of their anxiety and stress after the transition process of their deaf children. This part of the solution was chosen in an attempt to help the parents to handle their stress. The writer believed that this was an important skill for parents to develop, especially if they wished to improve their deaf child's social-emotional adjustment to the new mainstreaming setting.

The next area from which strategies were developed was the area of parental participation in support groups. Support of parents after a transition process is very important. This portion of the solution was chosen in order to make them conscious that they are not alone and isolated. Other parents could be a source of support and strength. They could share suggestions for coping with particular problems, and could provide a reference group, so parents can evaluate more accurately their status and performance in their child's education.

The third area from which strategies were selected was the area of parental involvement in their children's educational experiences. This portion of the solution was chosen in attempt to help the parents to improve their knowledge about their child's social-emotional development and to increase their skills to teach their children at home.

The final area from which strategies were chosen was from the area of meeting the information and training needs of each parent. This portion of the solution includes the analysis of the results of the needs assessment instrument administered to determine the parent's need of training, and the development of three different strategies for its development: individual training, restrictive group training and continuous group training.

From the study of the strategies used by other researchers to solve a similar problem, the writer developed a variety of activities in order to meet the proposed goals and objectives of the project.

In summary, the writer used diverse strategies in the solution of the problem in a twelve week period. She worked in coordination with different agencies and resources: The State Department of Education, the Department of Health, the Caribean Resource Center for the Deaf, the School of Medicine, the Department of Physical Education, APNI - a Community Parents' Association, the students teachers and other resources available at the writer's work site.

Strategies used included: Workshops, individual group, and general trainings, interviews, home visits, regular meetings and a general evaluation meeting at the end of the project. (Appendix M)

The personnel involved were guided to work individually with parents and children in order to meet their personal needs.

Report of Action Taken

The solution used in this practicum involved the parents of seven deaf preschoolers after the children's transition process from the hospital setting to the regular school.

The solution strategy began with an introductory phase. The first component of the introductory phase was an interview with each parent individually in order to collect personal information about each child. Also, to get their authorization to study the student's records (Appendices B, C).

The second component of the introductory phase was a meeting with the concerned personnel from the different collaborative agencies - the State Department of Education, the State Department of Health and the University of Puerto Rico.

The third component of the introductory phase was a meeting with the parents. There they had the opportunity to express their worries and anxieties about the changes brought on by a transition process in the life of a handicapped child. During the meeting the writer administered three different questionnaires: the first one to get information about the parent's concern about the transition process; the second to get information about their

children's social emotional traits and the third one, a needs assessment instrument in order to know the information needed by the parents to understand and work better with their children at home (Appendices D,E,F).

During the final component of the introductory phase, the writer analized the data collected from the questionnaires and the needs assessment instrument. She organized a second meeting with the parents to let them know the inmediate needs discovered. A plan of work was presented to the parents.

Upon the completion of the introductory phase of the solution strategy, the writer organized a multidisciplinary team to meet the needs presented by the parents, and an assessment component to identify the deaf children's needs after the transition.

A developmental assessment was carried out by the professionals of the interdisciplinary group. The revision of the Individualized Educational Program was developed with the participation of the teacher, a representative from the State Department of Education, and each parent in order to discuss the specialist's evaluation reports. The required related services were provided to each child - transportation, therapies, lunch, and others - .

The writer organized training session for the parents. Each tuesday morning the writer met with the students'

mothers. Those meetings had two purposes: to organized a support group where the mothers shared suggestions for coping with particular problems, and to teach them sign language. The sign language sessions provided them more opportunities to communicate appropiately with their children. The writer worked in collaboration with Dr. Juanita Rodríguez, a senior professor, of the College of Education.

To meet the needs presented by the group of parents the writer organized eight general training sessions. She contacted collaborative agencies such as the State Department of Health, the University of Puerto Rico, Gallaudete University for the Deaf, the Council for Exceptional Children -Chapter 952- where the writer is the adviser, and Oídos, Inc. The following sessions were organized:

I. The Importance of Early Intervention in the Education of Deaf Children

II. How to Handle Stress

III. Child Development

IV. Hearing Impairements: Causes and Prevention

V. The Phonic-Ear System

VI.

How to Teach Deaf Preschoolers at Home

VII.

The Impact of a Hearing Child in his Family

VIII.

How to Obtain Information Concerning Available Resources in the Community

During the training sessions the parents received the information needed to foster their parent-child interactions and the opportunities to get in contact with the professional specialtists in the area of hearing impairements.

Other special activities were carried out in order to facilitate the deaf preschoolers' transition from the hospital to a mainstream setting and to foster parent-child relationships:

- A visit to San Gabriel School for the Deaf
- A picnic trip to a farm
- Other social activities including:
    - Halloween Party
    - Thanksgiving Breakfast
    - Christmas Party
    - Birthday parties
    - Physical Education Activities

The final phase of the project, at the end of twelve weeks, was an evaluative one. The first activity which was conducted was a personal interview with each family in order to know their opinions and to measure their attitudes related to the transition process and progress of their children from the hospital setting to the regular school (Appendices D,H,K).

Upon the completion of that activity, an evaluative meeting was held. The parents presented their opinions about the strengths and weaknesses of the process and about the strategies used to help their children to increase their interactions and their social emotional adjustment to the new setting. The Needs (AI) assessment instrument was readministered. Two additional rating scales (Appendices J,L) were administered. The first one to measure the parents' satisfaction and preferences about the activities. The second one to discover, through the parents, their children's interests in order to organize new activities to meet to their needs and interests in the future.

Chapter V

Results, Conclusions, and Recommendations

Results

Objective one was measured by re-administering the same questionnaire submitted to the parents at the beginning of the project (appendix D). The specific objective, "Over the period of twelve weeks the parents of the seven deaf preschoolers will demonstrate and show satisfaction and support for the integration activities and strategies used to help their children to increase their interactions with other people and their social-emotional adjustment to the new setting", was met by all the parents. They expressed that the process was well organized and the activities and strategies provided helped their children to increase their interactions with other people and their social-emotional adjustment to the new setting. Also, they expressed that their children were well accepted by other children and adults during the integration activities. Some of them reported behavioral changes in their children after the transition process. They manifested pleasure because many of their worries about the process were reduced.

The second objective was measured by repeating the Needs Assessment Instrument (Appendix F) in order to know how many of these needs expressed by the parents at the beginning of the project were satisfied at the end of twelve weeks. They expressed that their trainning needs to enhance their knowledge about hearing impairments and its etiology, child development, the interruptions of child development and their consequences, how a child could be affected by handicapping conditions, how to handle stress, how to teach their children at home, and how to obtain information about available resources in the community, were satisfied. The writer is of the opinion that the specific objective "Over the period of twelve weeks the parents of the seven deaf preschoolers will demonstrate satisfaction with the family support services coordinated to meet their non-educational needs", was met. They demonstrated pleasure with the training activity sessions. They also expressed their interest to continue participating in the sign language classes and their group meetings on Tuesdays.

The third objective was met. It was measured by a written rating scale (Appendix E), containing fifteen questions related to the parents' attitudes towards their children's transition process, their integration to the new setting, and their self-confidence improvement to manage their anxieties and worries. All the parents

displayed a positive attitude toward their child's transition process and the integration strategies developed. They expressed how well they were helped to foster their parent-child interactions through the activities developed and how the activities contributed to reduced their stress and worries about the process.

The Meadow-Kendall Social-Emotional Assessment for Deaf and Hearing Impaired Student Inventory (Appendix C) was translated from Spanish to English by the writer in an effort to meet objective number four. The parents were oriented about the instrument and about the importance of having and objective way in Spanish to assess their child's social-emotional development.

In an attempt to further examine the positive and negative aspects of the project, two final evaluation forms (Appendices J,L) were completed by each parent. The forms asked the parents to respond to various questions about the activities, and to choose their favorite methodology to organize and develop them. They were also asked to express their child's interests through an interest inventory to be completed by them according to their child's interests and preferences.

The first question, "Do you believe that you have increased your knowledge during the last twelve weeks?", was answered in the positive by ten of the twelve parents. In fact, only two persons did not believe that they had

increased their knowledge.The negative answers may be attributed to a variety of causes. However the two parents indicated that they had not put forth any effort to try to learn sign language and other skills demonstrated during the project. It should be noted that those parents were the ones who had a lot of absences to both the activity and the sign language sessions. Therefore the small number of negative responses is considered to be of no significance.

The second narrative question, "Will some of the techniques recently learned help you in future situations?", elicited eleven positive answers. Many parents indicated that they would now attempt to work better with their children and that for the future they have been better prepare to manage the every day events in a positive way. Many of the activities were fun for the parents. It is the writer's opinion that one who is having fun will ultimately learn more.

The third and fourth narrative questions had the participants indicate what they liked the most and the least about the project. The responses centered around the categories of the activities with the greatest number of parents indicating that they liked the films, the visits to other places, the workshops with the professionals, and the social activities. They indicated that they did not liked the conferences where they have to answer questions or to write too much. In addition, some parents liked working as a group rather than alone.

This supported the writer's belief that the parents learn from other parents. Also, this type of learning was non-threatening for many parents because the writer does not find out what the parent does not know. The last section of the evaluation form (Appendix L) asked about their children's personal interests and the activities that they enjoyed the most. The parents expressed that their children's favorite activity is playing. They liked both group play and solitary play. They also liked to go to the park and to get in contact with other hearing children because they imitated a lot of things from them. It was quite evident also that an overwhelming majority of the deaf children favored the games used in the educational activities. It was believed that this arose from the desire of the preschool student to have "fun" while learning. In addition these types of activities included opportunities for competition, which is also highly enjoyed by the preschool children.

In conclusion, the integration activities developed for the seven deaf preschoolers and their parents to reduce their anxieties and stress after the transition process from the hospital setting to the regular school was deemed to be a success.

The writer is of the opinion that the activities developed to foster parent-child interactions supported her belief about the importance of parental education in

the understanding of their handicapped child. Perhaps the best indication of the success of the integration strategies comes from the parents themselves. One of the parents commented, "You have led us through different methods of learning to receive the appropiate information which help us to understand our children better and to reduce our anxieties and stresses."

Conclusions

Based on the analysis of the data collected and the results of the strategies used, the writer concluded that the general goals for the practicum were met. The first three of the four goals concerning the development of procedures to facilitate the transition process through integration activities; the development of strategies to satisfy the parents' non-educational needs, and the development of strategies to handle the parents' anxiety and stress brought on by the transition process, were met as evidenced by the data presented in the previous section. The last of the four goals, concerning the development of an assessment instrument to measure the social-emotional development of deaf preschool children in Puerto Rico, was accomplished, too. The Meadow-Kendall Social Emotional Assessment for Deaf and Hearing Impaired Students Inventory Pre School Form was translated from English to Puerto Rican Spanish. (Appendix P)

The program implemented by the writer satisfied the needs of parents as well as the needs of the children. It was achieved to some extend by recognizing that parenting was an aggregate of learned skills and not something one knows "naturally".

The involvement of parents in the education of their children is desirable for all children at any age, but the involvement of parents who have preschool children with special needs is specially crucial for the following reasons (Stilles and others, 1979):

- Parents are in strategic positions; they know their children better than anyone else and spend more time with them over an extended period.
- Parents can compensate for shortages of one-to-one services
- Parents can reduce cost of instruction and other services
- Parents can solve time and distance problems, particularly in rural areas.

Brotherson (1985) states that replicated results from two more well designated studies indicate that the family is the most economical as well as the most effective system for fostering and sustaining the development of the child. Furthermore, the involvement of the child's parents as active participants is critical to the success of any intervention program.

An effective early intervention program generally has three components in common: the parents are included

as full participants, the intervention started at a very early age, and that a multidisciplinary team is involved in meeting the needs of a particular child (Jenkins, 1980). The other three dimensions are supporting parents emotionally, exchanging information with parents, and improving parent-child interactions.

The problems of interaction with a deaf child can be improved under certain circumstances, however. Heidi Mcnnig (1980) has studied the effects of a comprehensive program working with parents of deaf children under the age of six. By working with the families having deaf children, it was found that the mothers were more consistent in their use of praise, less directive, and enjoyed interacting with their deaf children than mothers in the control group. Therefore, it appears that more work is needed to help mothers deal with the stress of having a deaf child in the family. Families who have a hearing impaired child encounter many stresses that are unknown to families with hearing children (Moores, 1982). One example is when the parents are seeking an appropiate school placement for their child.

Research has shown that the deaf children are less socially mature than their hearing counterparts. Meadow, (1981) found that deaf children may have innacurate and inflated self-images and act more impulsively than do hearing children. Additionally, teachers tend to complain

that deaf children are less independent than are hearing children and need more constant attention.

The area of social-emotional development has been well researched using relatively large numbers of young deaf children. Meadow has developed the Meadow-Kendall Social-Emotional Inventory, which provides norms for deaf children by age and sex. The inventory includes a preschool scale (Meadow, 1982).

Reactions to a deaf child in the family are as many and varied as parents themselves. A particular parent's reaction is influenced by that individual's personal characteristics, life experiences, education and training, expectations, socioeconomic circumstances and a variety of other variables. The parent's reactions is influenced by the characteristics of the child and the specific problem and, to some degree, by the educator's reaction to the problem (Schlesinger, 1982).

Educators should keep in mind that parents with problem children are not necessarily "problem parents" (Embry L, 1980). They do not need personal counseling. The majority are normal persons who are responding in a normal manner to unanticipated trauma. Parents must be aided in dealing with their emotional reactions if they can fully participate in and benefit from a training program.

Jenkins (1980) has classified parents' programs under three headings: 1) informational, 2)psycho-therapeutic, and 3) training.

The informational program is design to present knowledge to parents about a variety of topics. Among the focuses of such informational programs are 1) child-raising techniques, 2) child development, 3) educational program designs, objectives and procedures, 4) causes, effects and treatments of handicapping conditions, and 5) techniques of behavior management. The primary purpose of these parent programs is the transmision of information.

The psychotherapeutic strategy is employed to assist parents in their efforts to deal with personal feelings and conflicts resulting from the child's problem and from their stresses and anxieties.

Parent training programs are designed to assist parents' efforts to effectively interact with and manage the behavior of their children. Research shows that "skillful parenting is the most effective and economical means for fostering the optimun development of the child" (Wood, 1981).

Obstacles generally interfere with the development of optimal parenting skills (Wards, 1985) and become particularly overwhelming when parenting involves a young child with special needs. The writer found that

most of the parents were unprepared for the responsibility of parenting and did not know how to deal with their child's curiosity or social development. This ignorance was an obstacle to provide appropiate experience for their deaf children. Parents needed to learn how to cope with the stress. Parents presented another obstacle; lack of assistance. Many of them needed to learn how to overcome this obstacle within financial constraints.

The obstacles were overcome in the parents' program but many factors interferred with their participation. For example children living in a single parent house-hold, children living with working parents, and others. These unexpected events required modifications in the content and timing of parental participation.

Besides the stress that all parents experienced in proving care to young children, the parents of the seven deaf preschoolers experienced additional feelings and attitudes. Opportunities were given to interact with each other in order to solve mutual problems and concerns. The exchange of information took place informally through the needs assessment questionnaire and other rating scales discussed previously.

In conclusion, this practicum project demonstrated that the family is the most effective system for fostering and sustaining the development of the child. The

involvement of the child's parents as active participants is critical to the success of any intervention program.

Research has shown that the families who have a hearing impaired child encounter many stresses that are unknown to families with hearing children because deaf children are less socially mature than their hearing counterparts. Parents must be aided in dealing with their emotional reactions and stresses if they can fully participate in and benefit from a training program.

During twelve weeks the writer implemented a training program for the parents of seven deaf preschoolers involved in her project. The primary purpose was the transmission of information and the use of strategies to assist parents' efforts to effectively interact with and manage the behavior of their children. A second purpose was to reduce their stresses and anxieties after their children's transition process from the hospital to the regular school setting.

The writer is excited by the results obtained from this practicum. The standards of performance were realized for all the objectives. The strategies developed increased the parent's self confidence to manage the changes brought on by the transition process in which their children were involved. The orientation program developed by her proved its effectiveness to meet the needs of both the parents and the children.

Recommendations

The writer has six specific recommendations based on the results of the Practicum. First, the special educator should develop a parents' training program in which the parents would participate fully as members of the educational team rather than play a subordinate or supplementary role. Second, professionals need to accept parents where they are in the adjustment process and learn to listen. Communicating with the parents begins with listening. Third, all relevant information should be shared with parents. Fourth, parents should have some responsibility related to developmental and educational goals. Professionals should have the responsibility for selecting methodology and technology. Fifth, professional jargon should be eliminated or at least minimized. Sixth, support and encouragement should be given to parents as they struggle to cope with the frustrations and problems of raising a handicapped child on a day-to-day basis.

The rights of the parents, both legally and personally, should be considered and respected by parents and professionals alike. All special educators should do everything possible to further the parents' knowledge and desire to learn more about their children's social-emotional development and about the ways to use everyday events in their homes to foster their child's needs. The educator who ignores this desire is the one who will be remembered always.

Dissemination

The results of this practicum project were shared in three ways. The first one was by the submission of this practicum and its results to the writer's department chairman, who in turn made it available to other members of the department. The writer, of course has been available to help other special educators who want to develop their own parent's program.

Secondly, the writer was a member of the department of special education curriculum committee which was writing new curriculum guides. The writer had the list of suggested parental involvement activities included in these new early childhood education guides.

Third, the writer submitted a copy of this practicum report to the Caldwell University - University of Puerto Rico Caribbean Resource Center for the Education of the Deaf. The report was then available to other special educators throughout the Caribbean region.

Finally, the writer presented orally the results of this practicum to a group of educational researchers during the first Doctoral Research Congress held at the University of Puerto Rico in February 1988.

REFERENCES

Bergoff, S. (1974) Hearing impairements: nature, needs, and management. Children Today, 10,(1): 21-23.

Deschamps-Bell, J. (1978) Adjustment related stress in families of handicapped children. Topics in Early Childhood Special Education. 1 (3), 43-53.

Gallagher, J., & Bristol, M. (1981). Mainstreaming at the early childhood level: Present and future perspectives. Exceptional Education, 12, 135-141.

Hobbs, N. (1975) Social assumption underlying preschool intervention programs. Journal of Social Issues, 31, 53-63.

Kriegsmann, K. (1979) A rationale for the integration of handicapped and non handicapped preschool children. Topics in Early Childhood Special Education, 1, (1), 1-7.

Kriegsmann, K. (1980) Early intervention with severe profoundly handicapped children. Children Today, 9 (3), 22-25.

Kriegsmann, K. (1985) Integration of infants and preschoolers. Journal for Special Educators and Rehabilitation, 2, 127-136.

Kriegsmann, K., Bowers, L., Bowers, J., & Barnhill, G. (1984) Transition to adulthood. Journal of Rehabilitation, 50, 7-9.

Kriegsmann, K., Bowers, L., Bowers, J., & Barnhill, G. The developmental curriculum as teaching aid for the severely handicapped. Focus on Exceptional Children, 2, 1-10.

Kriegsmann, K., Bowers, J., & Barnhill, G. (1984) Parents of severely handicapped children in the mainstream: Problems, attitudes, and effective suggestions. Topics in Early Childhood Special Education, 4, 1-12.

Delaney, E.W. (1980) Fathers and infant class: A model for facilitating attachment between fathers and their infants, Topics in Early Childhood Special Education, 1, (3), 29-35.

Elards, R., Bradley, R., & Caldwell, B.M., (1985). A longitudinal study of the relation of infants' home environments to language development at age three. Child Development, 48, 595-603.

Embry, L. (1980) Family support for handicapped preschool children at risk for abuse. New Directions for exceptional Children, 8, (4), 66-82.

Gualnick, J.J. (1977) Social interactions among children. Exceptional Children, 46, 248-253.

Guralnick, M.J. (1980) The value of integrating handicapped and non handicapped preschool children. American Journal of Orthopsychiatry, 46, 236-245.

Guralnick, M.J. (1981) The efficacy of integrating handicapped children in early education settings: Research implications. Topics in Early Childhood Special Education, 1, (1), 57-71.

Huston-Stein, A., Friedrich-Cofer, L., & Susman, E.J. (1983) The relation of classroom structure to social behavior imaginative play, and self regulation of economically disadvantaged children. Child Development, 48, 908-916.

Jenkins, J., Stephens, E., & Sternberg, L. (1980). The use of parents as parents' trainers of handicapped children. Education and Training of Mentally Retarded, 15, 256-263.

Kaufman, M.J., Gottlieb, J., Agard, J.A., & Kukic, M.B. (1985) Mainstreaming: Toward an explication of the construct. Exceptional Children, 7, 1-12.

Levin, G.R. (1982) Measuring knowledge of basic concepts by disadvantaged preschoolers. Psychology in Schools, 19, 132-137.

Lougee, M.D., Grueneich, R., & Hartup, W.W. (1982). Social interaction in same- and mixed- age dyads of preschool children. Child Development, 48, 1353-1361.

Mac Keith, R. (1963) The feeling and behavior of handicapped children. Developmental Medicine and Child Neurology, 15, 524-527.

McCullough, K.P. (1980) Launching children and moving on. Exceptional Children, 5, 23-39.

Meadow, K. (1967). The effect of early manual communication and family climate on deaf child's environment. Unpublished doctoral dissertation, University of California, Bekerly.

Meadow, K. (1981) Deafness and Child Development. Berkeley University of California Press.

Linde, J. (1980) Social and cognitive aspects of play in young handicapped children. Topics in Early Childhood Special Education, 2, (3), 39-52.

Moores, D. (1982) Educating the deaf: Psychology, principles, and practices. Boston, Houghton Mifflin, 405 p.

Myklebust, H. (1964) Auditory disorders in children. Journal of Speech and Hearing Research, 11, 693-706.

Piaget, J. (1963) The child and the reality: Problems of genetic psychology, New York: Grossman, 61-76.

Piaget, J. (1952) The origins of intelligence in children New York: Basic Books, 466 p.

Rogers-Warren, A. & Wedel, J.W. (1980) The ecology of preschool classrooms for the handicapped. New Directions for Exceptional Children, 1, 1-24.

Rutherford, R.B., & Edgar, E. B. (1979). Teacher and Parents Boston: Allyn & Bacon.

Safford, P.L., & Bosen, L. A. (1981) Mainstreaming: Application of a philosophical perspective in an integrated kindergarten program. Topics in Early Childhood Special Education, 1, 1-10.

Sanders, J.L. (1980) Implicit assumption underlying preschool intervention programs. Journal of Social Issues, 36, 15-33.

Shoblinsky, ... (198.) Parents as educators: Evidence from cross-sectional longitudinal and intervention research. Young Children, 37, 227-233.

Schlesinger, H. & Meadow, K. (1982). Sound and Sign: Childhood and Mental Health. Berkerly: University of California Press, 208 pp.

Stillies, B.J. (1979). Maximizing parental involvement in programs for exceptional children. Journal of the Division of Early Childhood, 1 (1), 68-82.

Taylor, P.M. & Hall,B.L. (1980). Parent-infant bonding: Problems and opportunities in a perinatal center. Mental Retardation, 16, (1), 8-12.

Tawney, J.W. (1981). A cautious view of mainstreaming in early education. Topics in Early Childhood Special Education, 1, (1), 25-36.

Tyler, L.W. (1984). Exceptional students in transition : Children's problems as a source of stress. Journal of School Psychology, 22,(10), 141-149.

Turnbull, A.P.& Blacher-Dixon, J. (1980). Preschool mainstreaming: Impact on parents. New Directions for Exceptional Children, 6, (4), 33-39.

Vandell, D. (1981). Current trends in developmental theory. American Journal of Orthopsychiatry, 51, (4), 580-609.

Vandervaan, L., Vandervaan, A. & Hahn, W. (1980). Social support in transition to parenthood. Journal of Narcology, 8, 331-342.

Vedell-Konnig, J. & Lumley, J.M. (1980). Child deafness and mother child interaction. Child Development, 51, 766-774.

Wikler, L. Wasow,M. & Hattfield, E. (1981). Chronic sorrow revisited: Parent vs. professional depiction. American Journal of Orthopsychiatry, 51, 63-70.

Witton, C.W. & Turnbull, A.P., (1981). Parent involvement as viewed by parents of preschool handicapped children. Topics in Early Childhood Special Education, 1, (3), 11-19.

Winton, P.J., Turnbull,A.P., Blacher,J.B., & Salkind, N., (1983). Mainstreaming in kindergarten classroom. Journal of the Division of Early Childhood, 8, 1-12.

Wolfell, D.L., & Berge, L.B. (1981). Social interaction in hearing and deaf preschoolers: Successes and failures in initiations. Child Development, 52, 667-675.

Woeltz, L. (1980). Children's attitudes toward handicapped peers. American Journal of Mental Deficiency, 84, 455-465.

Woley, M.R. (1979). Parents as teachers of their handicapped children. Topics in Early Childhood Special Education, 1, (1), 3-11.

Wolfensberger, W. (1982). Normalization: The principle of normalization in human services. Journal of the Division of Early Childhood, 4, 15-25.

Wolinsky, G.F. (1983). Cognitive curricula: Theory, models and implementation. Topics in Early Childhood Special Education, 2, (4), 34-42.

Wood, M.M. (1981). Costs of intervention programs. Early Intervention for Children with Special Needs and their Families, 5, (11), 12-23.

Zehbach, R. (1979). Determining a preschool handicapped population. Exceptional Children, 42, 76-83.

Zigler, E.& Trickett, P.K. (1978). I.Q., social competence and evaluation of early childhood intervention programs. American Psychologist, 7, 89-96.

APPENDICES

Appendix A

Estimated total number of handicapped children ages 3 to 5 in Puerto Rico

OMB No. 1820-0030 Form Expires

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION PROGRAMS
WASHINGTON, D.C. 20202

Report of the Estimated Total Number of Handicapped Children Ages 3 through 5 expected To Be Receiving Special Education and Related Services
(Part B of the Education of the Handicapped Act)

State: Puerto Rico

SECTION A	
1. Enter the estimated December 1, 1987, EHA-Part B age 3 through 5 child count.	2,479
2. Enter the estimated October 1, 1987, Chapter 1 Handicapped age 3 through 5 child count.	27
3. Enter the actual October 1, 1986, Chapter 1 Handicapped age 3 through 5 child count.*	27
4. OPTIONAL: Enter the actual December 1, 1986, EHA-Part B age 3 through 5 child count.	2,279

SECTION B - CERTIFICATION		
AUTHORIZING OFFICIAL		
NAME AND TITLE	SIGNATURE	DATE OF SIGNATURE

*If the number entered is not the actual October 1, 1986 Chapter 1 3 through 5 count, attach an explanation of the method the State used to arrive at the number reported here.

No monies or other benefits may be paid out under this program unless this report is completed and filed as required by 20 U.S.C. 1419.

NOTE: A description of the method used to estimate the number of additional handicapped children ages 3 through 5 who will be receiving special education and related services MUST be attached.

ED form ____

Appendix B

Letter to the Parents

Universidad de Puerto Rico
Facultad de Educación
Estudios Graduados

CUESTIONARIO

Queridos padres:

El siguiente cuestionario se ha preparado con el propósito de recoger información de ustedes los padres en relación a sus hijos.

De la exactitud con que ustedes contesten el mismo, dependerá, en gran parte, el logro de nuestros objetivos: servirles y orientarles mejor en relación a la educación de sus hijos.

Muchas gracias por la cooperación prestada a este asunto y por la cooperación que nos brinden.

Cordialmente,

Lydia V. Bermúdez
Profesora

Appendix C

Interviews

Universidad de Puerto Rico
Facultad de Educación
Extensión Graduada

Appendix B

Questionnaire about parents' Opinions of Translation Process

[illegible]

Appendix B

Questionnaire of social-emotional traits

Universidad de Puerto Rico
Facultad de Educación
Estudios Graduados

Lea con cuidado la siguiente información. La misma refleja características sobre el desarrollo socio-emocional de los niños. Escriba una cruz en el espacio al lado de aquellas características que usted observa en su hijo. La información nos ayudará a entender mejor a su hijo.

Gracias.

Observe que mi hijo (a)s

	___	___
Le gusta las olas	___	___
se chupa los dedos	___	___
le grita en la cara	___	___
le ríe	___	___
le llora	___	___
le salpica	___	___
le aplaude	___	___
le sonríe	___	___
le abraza	___	___
le gusta el agua	___	___
le da besos	___	___
le gusta nadar	___	___
le gusta jugar	___	___
le gusta el agua	___	___
le gusta el agua	___	___
le gusta el agua	___	___
le gusta el agua	___	___
le gusta el agua	___	___

Appendix F

Needs Assessment Instrument

UNIVERSIDAD DE PUERTO RICO
FACULTAD DE EDUCACION
DEPARTAMENTO
ESTUDIOS GRADUADOS

ESTUDIO DE NECESIDADES DE LOS PADRES DEL PROYECTO
LEPDNA

En nuestro interés por servirles mejor deseamos conocer sus necesidades de orientación en relación a la educación de sus hijos. Haga una marca de cotejo (/) en aquellas áreas en las que considera necesaria nuestra ayuda. Gracias.

Areas en las que necesito orientación:

_____ impedimentos auditivos
_____ naturaleza y necesidades de los niños sordoimpedidos
_____ áreas de desarrollo del niño
_____ interrupciones en las áreas de desarrollo del niño que generan impedimentos
_____ cómo entender mejor la condición de mi hijo
_____ el proceso de transición e integración
_____ cómo manejar las tensiones
_____ métodos de enseñanza para trabajar con mi hijo en el hogar
_____ actividades que puedo realizar en el hogar para ayudar a mi hijo
_____ uso del audífono
_____ lenguaje de señas
_____ participación en la preparación del PEI
_____ recursos disponibles en la comunidad
_____ Otros. Especifique.

Appendix G

Letter to the Parents for Evaluation Activities

Universidad de Puerto Rico
Facultad de Educación
Estudios Graduados

Queridos padres:

Con el propósito de evaluar las actividades realizadas durante el semestre escolar, les agradeceré que contesten los siguientes cuestionarios.

Lea cuidadosamente la información y haga una marca de cotejo en el número correspondiente a la contestación que más se acerque a su opinión.

Gracias.

Cordialmente,

Lydia Vélez de Bermúdez

Anejos

Appendix B

Rating Scale to Measure Parents' Attitudes Toward their Child's Transition Process

Conteste las siguientes preguntas:

1. ¿Considera usted que ha aumentado sus conocimientos durante las últimas doce semanas?

2. ¿Considera usted que alguna de las técnicas aprendidas durante los adiestramientos puede ayudarle en futuras situaciones? ¿Cómo?

3. ¿Qué tipo de actividad le gustó más?

4. ¿Cuál le gustó menos?

Appendix I

Weekly Log

ACTIVITY _____ WEEK_____

SUCCESSFUL METHODS:

UNSUCCESSFUL METHODS:

PARENTS CONCERNS:

PROFESSIONAL CONCERNS:

APPENDIX J

QUESTIONNAIRE TO MEASURE THE PARENTS' SATISFACTION AND PREFERENCES ABOUT THE ACTIVITIES ORGANIZED

Cuestionario

Durante el transcurso del semestre ustedes han participado en varias actividades. Se ha establecido una escala para que usted indique que tipo de actividad usted prefiere. Señale con una (X) aquellas que más les gusten.

Actividades	Sí	No
Conferencias por profesionales		
Reuniones de orientación		
Charlas informales		
Películas		
Actividades sociales		
Lenguaje de señas		
Aprender técnicas para ayudar a mi hijo en el hogar		
Talleres para preparación de materiales		

Otras:

Appendix K

Parents' Interview at the end of twelve weeks

Cuestionario

En nuestro interés por servirle mejor, necesitamos conocer su opinión sobre cómo usted evalúa el proceso de transición de su hijo (a) del programa ofrecido en el Hospital del Niño a la Escuela Maternal de la Universidad de Puerto Rico, su ajuste a la nueva ubicación de integración y las actividades que se le han ofrecido a usted para entender y ayudar mejor a su hijo(a).

	Excelente	Bueno	Deficiente	Puede mejorar
El proceso de transición estuvo bien organizado				
Fui orientado antes del cambio				
Autoricé el cambio por escrito				
Estoy satisfecho con los servicios que se le ofrecen a mi hijo				
Mi hijo participa en las actividades que se ofrecen en la escuela				
Ha hecho nuevos amigos				
Juega con otros niños de la escuela				
Los demás niños de la escuela lo aceptan como es				
Se le ha hecho fácil comunicarse con los otros.				

	E	B	D	P.M.
Las demás personas demuestran entenderle				
Las orientaciones profesionales que he recibido me han ayudado a entender a mi hijo.				
Me siento mejor preparado para trabajar con mi hijo en el hogar.				
Las orientaciones ofrecidas han sido:				
Considero que el ajuste de mi hijo a la nueva escuela es:				
Los servicios educativos y relacionados que mi hijo está recibiendo son:				

Me gustaría continuar recibiendo orientaciones y ayuda profesional durante el próximo semestre:

Sí_____ No_____

Mi opinión personal sobre el proyecto es que:

Appendix L

A questionnaire to find out the personal interests of the children. The information will be provided by the parents.

UNIVERSIDAD DE PUERTO RICO
Colegio de Pedagogía

GUIA DE PUNTOS A TENER EN CONSIDERACION EN LA ENTREVISTA A PADRES

I. Información Básica :

1. Nombre del Estudiante : _____
2. Fecha de Nacimiento : _____
3. Lugar de Nacimiento : _____
4. Dirección : _____
5. Nombre del Padre o Encargado : _____
6. Ocupación : _____
7. Nombre de la Madre : _____
8. Ocupación : _____
9. Vive con la familia : Sí___ No___
0. Cuadro Familiar

Nombre	Parentesco con el niño	Edad	Escolaridad	Escuela	Ocupación

11. Ingreso Familiar :_____

II. Embarazo :

1. ¿Cómo se sintió la madre durante el embarazo?

2. ¿Cómo fué el parto normal, por cesárea, etc.?

3. Peso del niño al nacer?____

4. ¿Cómo nació el niño - bien, cianótico, necesito encubadora, factor RH, ect.?

III. Desarrollo físico del niño :

1. Edad a la que gateó_____

2. Edad a la que caminó_____

3. Edad a la que habló_____

4. Edad a la que presentó control de esfínteres_____

5. Edad a la que aprendió a comer_____

6. Tuvo problemas al caminar : Sí___ No___

Explique :

7. ¿Cómo son sus hábitos de dormir?

8. ¿Cuándo se sospechó la condición del niño?

IV. Salud :

A.

	Edad
1. Sarampión	____
2. Varicela	____

3. convulsiones ____
4. asma ____
5. meningitis ____
6. infecciones del oído ____
7. enfermedades oftalmológicas ____
8. ha usado aparatos ortopédicos ____
9. usa espejuelos ____
10. usa audífonos ____
11. toma medicamentos ____

¿cuál?_____

_____

12. ¿ha sido sometido a operaciones?

13. ¿ha sufrido algún accidente?

B. Síntomas observados en el niño :

1. frecuentes catarros ____
2. dolores de cabeza ____
3. alergías ____
4. mareo ____
5. dolores abdominales ____
6. dolores del oído ____
7. dificultad de expresión ____

Comentarios :

V. <u>Proceso de socialización :</u>

A. Hogar

1. ¿Con quién se relaciona más el niño en la casa? (con el padre o la madre)

2. ¿Cómo es la actitud del padre o madre hacia el niño?

3. ¿Cómo son las relaciones del niño con sus hermanos?

4. Se reconoce el buen comportamiento del niño :

5. Forma del niño relacionarse con otros miembros del hogar :

6. ¿Qué método utiliza el padre o madre, cuando el niño presenta una conducta inapropiada? (castigo, amenaza, ignorar, etc.?

7. ¿Qué actividades comparte el niño con sus familiares?

8. ¿Con qué miembro de la familia pasa el niño la mayor parte del tiempo?

9. ¿Qué juguetes prefiere el niño?

10. ¿Qué cosas no le gustan? (alimentos, juguetes, etc.)

11. ¿Qué actividades realiza en su tiempo libre?

VI. Descripción General :

A. Conducta que presenta el niño :

_____

_____

B. Rasgos generales de conducta :

1. tímido _____
2. alegre _____
3. triste _____
4. se come las uñas :_____
5. se orina en la cama :_____
6. le dan pesadillas :_____
7. come compulsivamente_____
8. activo _____

9. pasivo _____

C. Intereses y habilidades (especifique) _____

_____

_____

_____

VII. Educación del niño :

1. Describe la primera experiencia escolar.

2. ¿A cuántas escuelas ha asistido?

3. ¿Cómo es su relación con sus compañeros?

4. ¿Cuántos fracasos ha tenido?

5. ¿Se siente contento al llegar de la escuela a la casa?

BEST COPY AVAILABLE

Road Map of Action

Introductory Phase

August 12: Meeting with the concerned personnel involved in the transition process of the deaf children to the Laboratory School.

August 13: Study of the students' records.

August 14: Meeting with the parents to orient about the project in order to obtain their authorization for working directly with their children.

August 18: Meeting with the collaborative agencies--State Department of Education-Department of Health--personnel in order to get the authorization to work with the students' records.

August 25: Meeting with the parents to provide them information about the process of transition in the life of a handicapped child. The parents will have the opportunity to express their worries and anxieties about the changes brought on by the process. The writer will administer a questionnaire to the parents in order to get information about the child with emphasis on their social-emotional development. Also, she will administer to them a needs' assessment questionnaire to know what information they

need to understand and work better with their children at home.

August 26: The writer analyzes the data obtained from the questionnaires and the needs assessment.

August 28: Meeting with the parents to let them know the immediate needs informed by the majority of the group, and to prepare a plan of action in order to meet their children's and their own needs.

Action Phase

Sept. 15: Meeting with the concerned personnel to explain the writer's findings and to organize a multidisciplinary team to meet the parents' needs.

Sept. 18: Organization of an assessment component to identify the deaf children's needs.

- -psychology
- -speech and language pathologist
- -physical therapist
- -social worker
- -occupational therapist
- -sociologist

Sept.21-25: Developmental assessment of children in terms motor, perceptual, communication, cognitive, social-emotional and self-help skills.

Sept. 28: Revision of the Individual Educational Program (IEP) based on the needs of each participant child.

Sept. 30: Provision of the required related services based on each child's needs.

Sept.21-30: Meeting with the parents to participate in the planning of IEP.

Oct. 2: Meeting with the parent with each specialist to receive training for home intervention.

Oct. 5-9: Home visits.

Oct. 6: Meeting with parents to determine their concerns regarding their needs in trainning.

Oct. 5-12: Developments of brochures on general information and services.

Oct. 12-23: Collaborative agencies will be contacted to serve as trainees in coordination with project personnel.

Oct.26-30: Professional meeting with concerned personnel.

Nov. 5: Workshop I

How important is early intervention in the education of young handicapped children.

Nov. 12: Workshop II

How to handle stress

Nov 19: Workshop III

General child development and how development is affected by the particular handicapping condition.

Nov. 24: Workshop IV

Methods of teaching deaf preschoolers at home.

Dec. 3: Workshop V

How to obtain information concerning available resources in the Community.

Dec. 11: General Evaluation meeting with all the personnel involvement in the project and the parents.

Dec. 12: Analysis of the evaluation.

Dec. 15: Preparation of Final Report.

Dec. 18: Final activity with parents to discuss the findings and to make new plans for January.

APPENDIX C

Meadow-Kendal Social Emotional Assessment for Deaf and Hearing Impaired Student Inventory Pre School Form

Meadow-Kendall
Social-Emotional Assessment Inventory
for Deaf and Hearing Impaired Students

By Kathryn P. Meadow
Center for Studies in Education
and Human Development

Kendall Demonstrati
Elementary Scho
Gallaudet Colle

Date of Rating _____ Date of Birth _____
Month Day Year

Student's Name
or Code Number _____ Sex ___ M ___
First Last

School _____

Rater's Name _____

Position _____

INSTRUCTIONS:
Read each statement carefully and decide if it describes behavior that you have observed in this particular student.In deciding how to assess the student, use as your reference all students of the same age, regardless of whether or not they have a hearing loss. However, some statements are relevant ONLY for hearing impaired students. For these statements, use all hearing impaired students known to you as your reference, NOT just those in your present class. Circle the response that reflects your best judgement of this student.

EXAMPLE:
T t (f) F ? 11. Happy, cheerful, pleasant, easygoing

KEY:
T = VERY TRUE. Statement gives a very good description of this student as she or he behaves most of the time.
t = true. Statement describes this student's behavior some of the time.
f = false. Statement is not a good description of this student's behavior.
F = VERY FALSE. This student would never (or almost never) be described in this way.
? = CANNOT RATE or DOES NOT APPLY

The SEAI Instruction Manual and additional forms may be obtained from:
Outreach Pre-College Programs
Box 114, Gallaudet College
Washington, D.C. 20002

Copyright 1983 Pre-College Programs, Gallaudet College

T = VERY TRUE t = true f = false F = VERY FALSE ? = can't rate

T t f F ? 1. Shows interest/pride in products of school activities (drawings, projects, block structures, etc).

T t f F ? 2. Forms warm, close attachments to (friendships with) peers.

T t f F ? 3. Exhibits behaviors considered by most teachers and students to be bizarre or strange (e g rocking, staring at lights for long periods, twirling, talking to self in "own world").

T t f F ? 4. Very fearful. Overly and unrealistically concerned with danger, storms, dark rooms, injury, death, health, parents' welfare.

T t f F ? 5. Generally unsuccessful in efforts to get approval or acknowledgement from peers.

T t f F ? 6. Has age appropriate attention span.

T t f F ? 7. Isolated. Has no friends. Withdrawn.

T t f F ? 8. Ritualistic. Insists on repetition of usual routines. Changes in routine elicit extreme, negative responses.

T t f F ? 9. Avoids eye contact.

T t f F ? 10. Communicates with children and/or adults by any means at her/his disposal: gesture, sign, vocalization, pantomime, speech, drawing.

T t f F ? 11. Happy, cheerful, pleasant.

T t f F ? 12. Overly concerned with cleanliness. May wash hands or toys constantly or be unable to tolerate specks of dust or dirt.

T t f F ? 13. Demonstrates negative attitudes toward communication. May refuse to sign or to speak, pretends not to understand, closes eyes.

T t f F ? 14. Creative. Shows imagination in painting, blocks, dramatic play, etc.

T t f F ? 15. Expresses concern for others in pain or distress. Demonstrates empathy.

T t f F ? 16. Shows great concern or preoccupation with insignificant details (may insist on perfection in writing, drawing, block-play, puzzles).

T t f F ? 17. Lacks appropriate range of emotional responses (anger, fear, joy, sadness). Emotional tone "flat" and unexpressive.

T t f F ? 18. Demonstrates a sense of humor or wit (can appreciate funny situations or jokes).

T t f F ? 19. Interested in receiving communications from others. Puts effort into receiving their messages.

T t f F ? 20. Uses aches, pains, minor injuries to get attention and/or to avoid chores.

T t f F ? 21. Forms warm, close attachments to teachers.

T t f F ? 22. Initiates communication with adults.

T t f F ? 23. Curious: wants to explore the environment (machines, switches, etc.).

T t f F ? 24. Basically an anxious child. Nervous, worries about many things.

T t f F ? 25. Follows instructions or requests from adults.

T t f F ? 26. Overly aggressive. Behaviors may include fighting, scratching, biting.

T t f F ? 27. Wets pants.

T t f F ? 28. Has generally acceptable emotional responses. Rages, tantrums, or violent outbursts occur only after extreme provocation, if at all.

T t f F ? 29. Accepts delay of gratification. Does not expect instant satisfaction of every need, whim, or desire.

T t f F ? 30. Awkward or clumsy with tools, equipment, writing/drawing materials.

T t f F ? 31. Hides, loses, forgets or abuses amplification equipment.

T t f F ? 32. Teases or annoys or pesters other children.

T t f F ? 33. Engages in destructive behavior (breaking objects, defacing walls).

T t f F ? 34. Soils (defecates in) pants.

T t f F ? 35. Scolding or punishment does not prevent or stop negative behaviors.

T t f F ? 36. Persists in silly, clowning behaviors that annoy other children.

T t f F ? 37. Feeds self adequately with fork and/or spoon.

T t f F ? 38. Resists speech/oral/auditory activities. Employs delaying tactics more often than with other kinds of school work.

T t f F ? 39. Unable to accept criticism, especially if expressed as discipline or restriction of activity. Won't admit a mistake. May say "I know" when that is not the case.

T t f F ? 40. Cries or gets frustrated by own inability to master tasks requiring physical coordination appropriate for age (skipping, cutting paper, hopping, etc.).

T t f F ? 41. Communicates toileting needs.

T t f F ? 42. Demands attention. Wants to be the center of everything.

T t f F ? 43. Generous. Willing to share treats or toys with others.

T t f F ? 44. Engages in self-abusive behavior (bangs head, hits or bites self).

T t f F ? 45. Takes disproportionate share of teachers' time with demands for help and attention.

T t f F ? 46. Appears to be impulsive. Acts without thinking.

T t f F ? 47. Accepts hearing aid without complaint.

T t f F ? 48. Denies own misbehavior. Refuses to admit misdeeds.

T t f F ? 49. Willing to take turns. Understands concept of turn-taking.

MEADOW-KENDALL PRESCHOOL INVENTORY
SCORING SHEET

Student's Name or Code No. Johnny Joe Date Completed 2/83

Be sure to consult the SEAI Manual for scoring instructions.

Item No.	Evaluator's Response					Scale No.	(Column A) Score					
	T	t	f	F	?		1			4		
1.	4	(3)	2	1	?	1	3					
2.	4	3	(2)	1	?	1	2					
3.	1	2	3	(4)	?	1	4					
4.	1	2	(3)	4	?	4				3		
5.	1	2	3	(4)	?	1	4					
6.	4	(3)	2	1	?	1	3					
7.	1	2	(3)	4	?	1	3					
8.	1	2	3	(4)	?	4				4		
9.	1	2	3	(4)	?	1	4					
10.	4	3	(2)	1	?	1	2					
11.	4	3	(2)	1	?	1	2					
12.	1	2	(3)	4	?	4				3		
13.	(1)	2	3	4	?	1	1					
14.	4	3	(2)	1	?	1	2					
15.	4	(3)	2	1	?	1	3					
16.	1	(2)	3	4	?	4				2		
17.	1	2	3	(4)	?	1	4					
18.	4	3	(2)	1	?	1	2					
19.	4	(3)	2	1	?	1	3					
20.	1	2	(3)	4	?	4				3		
21.	4	3	(2)	1	?	1	2					
22.	4	3	(2)	1	?	1	2					
23.	4	(3)	2	1	?	1	3					
24.	1	2	(3)	4	?	4				3		
						Column A Totals	49			18		
						? Totals	0			0		

Item No.	Evaluator's Response					Scale No.	(Column B) Score				
	T	t	f	F	?			2	3		S.I.
25.	4	(3)	2	1	?	2		3			
26.	1	(2)	3	4	?	2		2			
27.	1	2	(3)	4	?	3			3		
28.	4	(3)	2	1	?	2		3			
29.	4	3	(2)	1	?	2		2			
30.	1	2	3	(4)	?	3			4		
31.	1	2	(3)	4	?	S.I.					3
32.	1	(2)	3	4	?	2		2			
33.	1	2	(3)	4	?	2		3			
34.	1	2	3	(4)	?	3			4		
35.	1	(2)	3	4	?	2		2			
36.	(1)	2	3	4	?	2		1			
37.	(4)	3	2	1	?	3			4		
38.	1	(2)	3	4	?	S.I.					2
39.	1	2	(3)	4	?	2		3			
40.	(1)	2	3	4	?	2		1			
41.	4	(3)	2	1	?	3			3		
42.	1	(2)	3	4	?	2		2			
43.	4	(3)	2	1	?	2		3			
44.	1	2	3	(4)	?	3			4		
45.	1	2	(3)	4	?	2		3			
46.	(1)	2	3	4	?	2		1			
47.	4	(3)	2	1	?	S.I.					3
48.	1	(2)	3	4	?	2		2			
49.	4	3	2	1	(?)	2		?			
						Column B Totals		35	22		8
						? Totals (A + B)		1	0		0

Transfer these figures to "Score and Summary Profile," page 4 of Inventory Form.

BEST COPY AVAILABLE

Score Summary and Profile
Preschool Inventory

Student: Johnny- Joe

Date Completed: 2/83

SCALE 1: Sociable, Communicative Behaviors

Do not compute if fewer than 14 items are completed.

Total Score from score sheet: 49
a. Number of Items, Scale 1 = 18
b. Number of ? answers: 0
c. Subtract b from a: 18
SCALE SCORE: Divide Total Score by answer on line c.: 2.72

SCALE 2: Impulsive dominating behaviors

Do not compute if fewer than 13 items are completed.

Total Score from score sheet: 32
a. Number of items, Scale 2 = 16
b. Number of ? answers: 1
c. Subtract b from a: 15
SCALE SCORE: Divide Total Score by answer on line c.: 2.13

SCALE 3: Developmental Lags

Do not compute if fewer than four items are completed.

Total Score from score sheet: 22
a. Number of items, Scale 3 = 6
b. Number of ? answers: 0
c. Subtract b from a: 6
SCALE SCORE: Divide Total Score by answer on line c.: 3.67

SCALE 4: Anxious, compulsive behaviors

Do not compute if fewer than four items are completed.

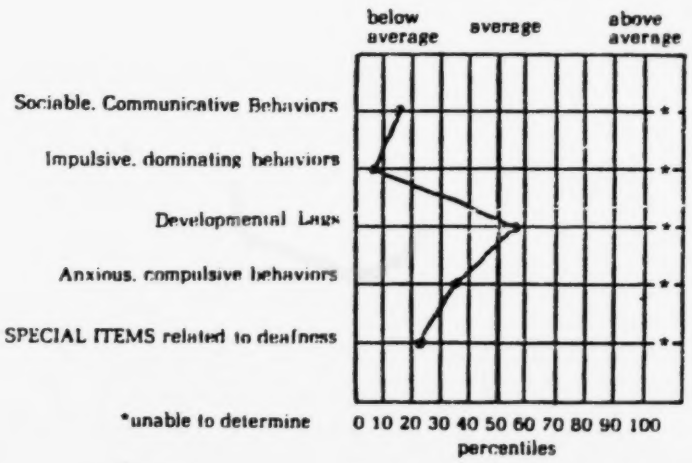
Total Score from score sheet: 18
a. Number of items, Scale 4 = 6
b. Number of ? answers: 0
c. Subtract b from a: 6
SCALE SCORE: Divide Total Score by answer on line c.: 3.00

SPECIAL ITEMS related to deafness

Do not compute if fewer than two items are completed.

Total Score from score sheet: 8
a. Number of Special Items: 3
b. Number of ? answers: 0
c. Subtract b from a: 3
SCALE SCORE: Divide Total Score by answer on line c.: 2.67

SUMMARY PROFILE



Kendall Demonstration Elementary School

Gallaudet College

Kendall Green
Washington, D.C. 20002

Table 20
Norms for Preschool Deaf and Hearing Impaired Children

Scale 1 - Sociable, Communicative Behaviors
Scale 2 - Impulsive, Dominating Behaviors
Scale 3 - Developmental Lags
Scale 4 - Anxious, Compulsive Behaviors

GIRLS

Percentile	Ages 36-47 months			Ages 48-59 months			Ages 60-83 months		
	Scale 1	Scale 2	Scale 3	Scale 1	Scale 2	Scale 3	Scale 1	Scale 2	Scale 3
90	3.82	3.72	3.91	3.85	3.73	3.96	3.86	3.84	3.98
80	3.63	3.53	3.83	3.69	3.60	3.92	3.76	3.63	3.93
70	3.45	3.46	3.81	3.63	3.46	3.88	3.66	3.48	3.88
60	3.34	3.24	3.64	3.53	3.31	3.84	3.59	3.36	3.83
50	3.31	3.08	3.55	3.45	3.18	3.80	3.46	3.15	3.82
40	3.17	2.95	3.35	3.35	3.09	3.57	3.33	3.05	3.80
30	3.06	2.89	3.11	3.21	2.98	3.43	3.21	2.93	3.62
20	2.93	2.65	2.81	3.07	2.83	3.15	3.05	2.77	3.37
10	2.53	2.41	2.51	2.81	2.41	2.95	2.72	2.46	2.99
(N)	(72)	(73)	(74)	(107)	(107)	(108)	(188)	(189)	(188)

BOYS

Percentile	Ages 36-47 months			Ages 48-59 months			Ages 60-83 months		
	Scale 1	Scale 2	Scale 3	Scale 1	Scale 2	Scale 3	Scale 1	Scale 2	Scale 3
90	3.80	3.59	3.89	3.81	3.78	3.92	3.83	3.76	3.95
80	3.66	3.47	3.82	3.70	3.55	3.84	3.72	3.48	3.89
70	3.47	3.30	3.49	3.54	3.30	3.77	3.61	3.31	3.83
60	3.26	3.17	3.31	3.43	3.22	3.69	3.48	3.17	3.81
50	3.14	3.07	3.15	3.30	3.07	3.50	3.27	3.04	3.80
40	3.06	2.90	3.00	3.21	2.91	3.42	3.14	2.88	3.57
30	2.97	2.74	2.90	2.99	2.80	3.21	3.00	2.74	3.44
20	2.77	2.53	2.50	2.84	2.59	3.01	2.83	2.50	3.23
10	2.30	2.28	1.88	2.49	2.26	2.74	2.55	2.22	2.87
(N)	(75)	(72)	(75)	(126)	(126)	(127)	(228)	(227)	(227)

Boys and Girls, Ages 36 to 83 months

Percentile	Scale 4	Special Deafness Items
75	3.64	3.73
50	3.35	3.35
25	2.83	2.83
(N)	(831)	(822)

Appendix F

Translated version of the Meadow Kendall Social-Emotional Assessment Inventory for Deaf and Hearing Impaired Students (Rosenthal ---) -- from English to Spanish

FORMULARIO PRE-ESCOLAR

EVALUACION SOCIO-EMOCIONAL DE MEADOW-KENDALL PARA LOS ESTUDIANTES AUDIO-IMPEDIDOS

Por Kathryn P. Meadow
Centros de Estudios en
Educación y Desarrollo Humano

Modelo Kendall
Escuela Elemental
Colegio Gallaudet

Fecha de evaluación _____ Fecha de nacimiento __/__/____

Nombre del estudiante o
número de código _____ Sexo __M __F

Escuela _____

Nombre del evaluador _____

Posición _____

INSTRUCCIONES:

Lea cada aseveración con mucho cuidado y decida si describe el comportamiento que ha observado en este estudiante. Al decidir cómo evaluar al niño, utilice como referencia a todos los estudiantes de la misma edad sin considerar el hecho de que tengan o no una pérdida auditiva. Sin embargo, ciertas aseveraciones sólo se pueden aplicar a los estudiantes audio-impedidos. En el caso de estas aseveraciones, utilice como referencia a todos los estudiantes audio-impedidos que conozca, no solamente los que están en el grado considerado. Marque la contestación que mejor refleje su evaluación del niño.

EJEMPLO:

A a f F ? 11. Alegre, risueño, agradable.

CLAVE:

A = MUY ACEPTABLE. La aseveración ofrece una descripción muy buena del comportamiento que tiene el estudiante la mayor parte del tiempo.
a = aceptable. La aseveración describe el comportamiento que tiene el estudiante durante parte del tiempo.
f = falso. La aseveración no es una buena descripción del comportamiento del estudiante.
F = MUY FALSO. Este estudiante nunca (o casi nunca) podría ser descrito de esta manera.
? = NO SE PUEDE EVALUAR o NO APLICA.

El manual de instrucciones para administrar esta prueba y formularios adicionales se pueden pedir a:

Outreach Pre-College Programs
Box 114, Gallaudet College
Washington, D.C. 20002

A = MUY ACEPTABLE a = aceptable f = falso F = MUY FALSO ? = no se puede evaluar

A a f F ? 1. Muestra interés y orgullo por los resultados de actividades escolares (dibujos, proyectos, trabajos con bloques, etc.).

A a f F ? 2. Establece lazos estrechos de afecto y amistad con sus compañeros.

A a f F ? 3. Tiene comportamientos considerados como raros y extraños por la mayoría de sus maestros y compañeros. Por ejemplo: mecerce, contemplar fijamente las luces por largos periodos de tiempo, dar vueltas sin motivo aparente, hablar solo,como si estuviese encerrado en su "propio mundo", etc...

A a f F ? 4. Muy miedoso. Preocupado de manera exagerada y poco realista por el peligro, las tormentas, la oscuridad, las heridas, la muerte, la salud, el bienestar de sus padres.

A a f F ? 5. Suele fracasar en su empeño por lograr la aprobación y el reconocimiento de sus compañeros.

A a f F ? 6. Tiene un lapso de atención propio de su edad.

A a f F ? 7. Es un niño solitario. No tiene amigos, es reservado.

A a f F ? 8. Rutinario. Insiste en la repetición de las rutinas habituales. Cualquier alteración en la rutina puede provocar en el niño reacciones negativas y extremas.

A a f F ? 9. Evita el contacto visual.

A a f F ? 10. Se comunica con los otros niños y/o con los adultos utilizando cualquier medio disponible: gestos, lenguaje de señas, habla, vocalizaciones, pantomima o dibujo.

A a f F ? 11. Alegre, risueño, agradable.

A a f F ? 12. Extremadamente preocupado por la pulcritud. Lava sus manos y juguetes constantemente. Aparenta ser incapaz de tolerar en ellos polvo o suciedad.

A a f F ? 13. Manifiesta actitudes negativas hacia el proceso de comunicación. Puede negarse a utilizar el lenguaje de señas o a usar su voz. Finge que no entiende lo que se le comunica. Cierra los ojos para evitar cualquier intento de comunicación.

A a f F ? 14. Creativo. Muestra imaginación al pintar, trabajar con bloques, hacer trabajos manuales, realizar pequeñas representaciones artísticas, etc.

A a f F ? 15. Se preocupa por los sufrimientos o problemas de los demás. Muestra empatía.

A a f F ? 16. Demuestra mucho interés y preocupación por detalles que son insignificantes. Puede insistir en lograr la perfección en sus trabajos escolares (escritura, dibujo, construcción con bloques, rompecabezas, etc.).

A a f F ? 17. Carece de un registro apropiado de respuestas emocionales (enojo, miedo, alegría, tristeza). Hay poca variedad y expresión en sus manifestaciones emocionales.

A = MUY ACEPTABLE a = aceptable f = falso F = MUY FALSO ? = no se puede evaluar

A a f F ? 18. Muestra sentido del humor e ingenio (puede disfrutar de situaciones graciosas o bromas).

A a f F ? 19. Se interesa por recibir comunicación de los demás. Se esfuerza por entender sus mensajes.

A a f F ? 20. Se vale de cualquier malestar, dolor o herida leve para llamar la atención de los demás y/o para evadir tareas.

A a f F ? 21. Establece estrechos lazos de afecto con sus maestros.

A a f F ? 22. Inicia la comunicación con los adultos.

A a f F ? 23. Es curioso: quiere explorar el ambiente que le rodea (máquinas, conmutadores eléctricos, etc.).

A a f F ? 24. Basicamente es un niño inquieto. Nervioso; se preocupa por muchas cosas.

A a f F ? 25. Sigue las instrucciones y cumple con lo que le piden los adultos.

A a f F ? 26. Muy agresivo. Tiende a pelear mucho con los demás (araña, muerde, golpea,etc.).

A a f F ? 27. Se orina encima.

A a f F ? 28. Sus respuestas emocionales son generalmente aceptables. Los ataques de ira y rabietas ocurren solamente en casos de provocación extrema.

A a f F ? 29. Acepta demoras en la recompensa. No espera la satisfacción inmediata de cada necesidad, capricho o deseo.

A a f F ? 30. Desmañado o torpe al utilizar sus materiales de trabajo (herramientas, instrumentos, cuadernos, lápices, etc.).

A a f F ? 31. Esconde, pierde, olvida o estropea su equipo de amplificación.

A a f F ? 32. Molesta, fastidia o importuna a los demás niños.

A a f F ? 33. Presenta conductas destructivas (rompe objetos, estropea las paredes, etc.).

A a f F ? 34. Se ensucia (evacua en su ropa).

A a f F ? 35. Los regaños y castigos no evitan ni detienen sus comportamientos indeseables.

A a f F ? 36. Persiste en comportamientos tontos e inmaduros que fastidian a los demás niños.

A a f F ? 37. Se alimenta sólo. Utiliza correctamente el tenedor y/o la cuchara.

A a f F ? 38. Se niega a participar en actividades que impliquen destrezas orales y auditivas. Para estas actividades emplea tácticas dilatorias, con más frecuencia que para ningún otro trabajo escolar.

A = MUY ACEPTABLE a = aceptable f = falso F = MUY FALSO ? = no se puede evaluar

A a f F ? 39. Incapaz de aceptar críticas, especialmente si éstas se expresan como medidas disciplinarias o para excluirlo de las actividades. No admite sus errores. Tiende a decir: " Yo sé.", aun cuando no es verdad que sabe.

A a f F ? 40. Llora o siente frustración ante su inhabilidad para dominar destrezas que requieren la coordinación motora propia de su edad (para saltar, cortar papel, etc.).

A a f F ? 41. Avisa cuando quiere ir al baño.

A a f F ? 42. Exige atención. Quiere ser el centro de atención.

A a f F ? 43. Generoso. Dispuesto a compartir sus recompensas o juguetes con los demás.

A a f F ? 44. Muestra conductas auto-destructivas (se golpea la cabeza, se araña, se muerde, etc.).

A a f F ? 45. Le consume demasiado tiempo al maestro con sus exigencias de ayuda y atención.

A a f F ? 46. Aparenta ser impulsivo. Actúa sin pensar.

A a f F ? 47. Acepta usar el equipo de amplificación sin queja alguna.

A a f F ? 48. Niega las fallas en su conducta. Se rehusa a admitir sus errores.

A a f F ? 49. Dispuesto a esperar su turno. Entiende el concepto de "esperar su turno".

FORMULARIO DE RESULTADOS
DE LA EVALUACION PRE-ESCOLAR MEADOW KENDALL

Nombre del estudiante o # de código _____ Fecha de la prueba _____

Asegúrese de consultar el Manual SEAI para las instrucciones de los resultados.

# Asevera-ción	Respuesta del evaluador					Número de escala	(Columna A) Resultados				
	A	a	f	F	?		1			4	
1.	4	3	2	1	?	1					
2.	4	3	2	1	?	1					
3.	1	2	3	4	?	1					
4.	1	2	3	4	?	4					
5.	1	2	3	4	?	1					
6.	4	3	2	1	?	1					
7.	1	2	3	4	?	1					
8.	1	2	3	4	?	4					
9.	1	2	3	4	?	1					
10.	4	3	2	1	?	1					
11.	4	3	2	1	?	1					
12.	1	2	3	4	?	4					
13.	1	2	3	4	?	1					
14.	4	3	2	1	?	1					
15.	4	3	2	1	?	1					
16.	1	2	3	4	?	4					
17.	1	2	3	4	?	1					
18.	4	3	2	1	?	1					
19.	4	3	2	1	?	1					
20.	1	2	3	4	?	4					
21.	4	3	2	1	?	1					
22.	4	3	2	1	?	1					
23.	4	3	2	1	?	1					
24.	1	2	3	4	?	4					
						Total de la columna A					
						Total de contestaciones ?					

# Asevera-ción	Respuesta del evaluador					Número de escala	(Columna B) Resultados			
	A	a	f	F	?			2	3	P.E
25.	4	3	2	1	?	2				
26.	1	2	3	4	?	2				
27.	1	2	3	4	?	3				
28.	4	3	2	1	?	2				
29.	4	3	2	1	?	2				
30.	1	2	3	4	?	3				
31.	1	2	3	4	?	P.E				
32.	1	2	3	4	?	2				
33.	1	2	3	4	?	2				
34.	1	2	3	4	?	3				
35.	1	2	3	4	?	2				
36.	1	2	3	4	?	2				
37.	4	3	2	1	?	3				
38.	1	2	3	4	?	P.E				
39.	1	2	3	4	?	2				
40.	1	2	3	4	?	2				
41.	4	3	2	1	?	3				
42.	1	2	3	4	?	2				
43.	4	3	2	1	?	2				
44.	1	2	3	4	?	3				
45.	1	2	3	4	?	2				
46.	1	2	3	4	?	2				
47.	4	3	2	1	?	P.E				
48.	1	2	3	4	?	2				
49.	4	3	2	1	?	2				
						Total de la columna B				
						Total de contestaciones ? (A+B)				

Transfiera estos resultados al "Resumen de los Resultados y Perfil" en el formulario de evaluación.

Tabla 20

Normas para niños audio-impedidos de edad pre-escolar

Escala 1 . Comportamientos sociables y comunicativos

Escala 2 . Comportamientos impulsivos y dominantes

Escala 3 . Atrasos en el desarrollo

Escala 4 . Comportamientos inquietos y compulsivos

NIÑAS

Porcentajes	De 36 a 47 meses de edad			De 48 a 59 meses de edad			De 60 a 83 meses de edad		
	Escala 1	Escala 2	Escala 3	Escala 1	Escala 2	Escala 3	Escala 1	Escala 2	Escala 3
90	3.82	3.72	3.91	3.85	3.73	3.96	3.86	3.84	3.98
80	3.63	3.53	3.83	3.69	3.60	3.92	3.76	3.63	3.93
70	3.45	3.46	3.81	3.63	3.46	3.88	3.66	3.48	3.88
60	3.34	3.24	3.64	3.53	3.31	3.84	3.59	3.36	3.83
50	3.31	3.08	3.55	3.45	3.18	3.80	3.46	3.15	3.82
40	3.17	2.95	3.35	3.35	3.09	3.57	3.33	3.05	3.80
30	3.06	2.89	3.11	3.21	2.98	3.43	3.21	2.93	3.62
20	2.93	2.65	2.81	3.07	2.83	3.15	3.05	2.77	3.37
10	2.53	2.41	2.51	2.81	2.41	2.95	2.72	2.46	2.99
(N)	(72)	(73)	(74)	(107)	(107)	(108)	(188)	(189)	(188)

NIÑOS

Porcentajes	De 36 a 47 meses de edad			De 48 a 59 meses de edad			De 60 a 83 meses de edad		
	Escala 1	Escala 2	Escala 3	Escala 1	Escala 2	Escala 3	Escala 1	Escala 2	Escala 3
90	3.80	3.59	3.89	3.81	3.78	3.92	3.83	3.76	3.95
80	3.66	3.47	3.82	3.70	3.55	3.84	3.72	3.48	3.89
70	3.47	3.30	3.49	3.54	3.30	3.77	3.61	3.31	3.83
60	3.26	3.17	3.31	3.43	3.22	3.69	3.48	3.17	3.81
50	3.14	3.07	3.15	3.30	3.07	3.50	3.27	3.04	3.80
40	3.06	2.90	3.00	3.21	2.91	3.42	3.14	2.88	3.57
30	2.97	2.74	2.90	2.99	2.80	3.21	3.00	2.74	3.44
20	2.77	2.53	2.50	2.84	2.59	3.01	2.83	2.50	3.23
10	2.30	2.28	1.88	2.49	2.26	2.74	2.55	2.22	2.87
(N)	(75)	(72)	(75)	(126)	(126)	(127)	(228)	(227)	(227)

Niños y niñas, de 36 a 83 meses de edad

Porcentajes	Escala 4	Preguntas especiales vinculadas a la sordera
75	3.64	3.73
50	3.35	3.35
25	2.83	2.83
(N)	(831)	(822)

RESUMEN DE LOS RESULTADOS Y PERFIL
DE LA EVALUACION PRE-ESCOLAR

Nombre del estudiante

Fecha en que se completó la prueba

ESCALA 1: Comportamientos sociables y comunicativos

No haga el cálculo si se han contestado menos de catorce preguntas.

Resultado global en el formulario de resultados _____
a. Número de preguntas, escala 1 = 18
b. Número de contestaciones ? _____
c. Substraiga b de a
RESULTADO DE LA ESCALA 1: Divida el resultado global por la cifra obtenida en la línea c. _____

ESCALA 2: Comportamientos impulsivos y dominantes

No haga el cálculo si se han contestado menos de trece preguntas.

Resultado global en el formulario de resultados _____
a. Número de preguntas, escala 2 = 16
b. Número de contestaciones ? _____
c. Substraiga b de a
RESULTADO DE LA ESCALA 2: Divida el resultado global por la cifra obtenida en la línea c. _____

ESCALA 3: Atrasos en el desarrollo

No haga el cálculo si se han contestado menos de cuatro preguntas.

Resultado global en el formulario de resultados _____
a. Número de preguntas, escala 3 = 6
b. Número de contestaciones ? _____
c. Substraiga b de a
RESULTADO DE LA ESCALA 3: Divida el resultado global por la cifra obtenida en la línea c. _____

ESCALA 4: Comportamientos inquietos y compulsivos

No haga el cálculo si se han contestado menos de cuatro preguntas.

Resultado global en el formulario de resultados _____
a. Número de preguntas, escala 4 = 6
b. Número de contestaciones ? _____
c. Substraiga b de a
RESULTADO DE LA ESCALA 4: Divida el resultado global por la cifra obtenida en la línea c. _____

PREGUNTAS ESPECIALES vinculadas con la sordera

No haga este cálculo si se han contestado menos de dos preguntas.

Resultado global en el formulario de resultados _____

a. Número de preguntas especiales 3

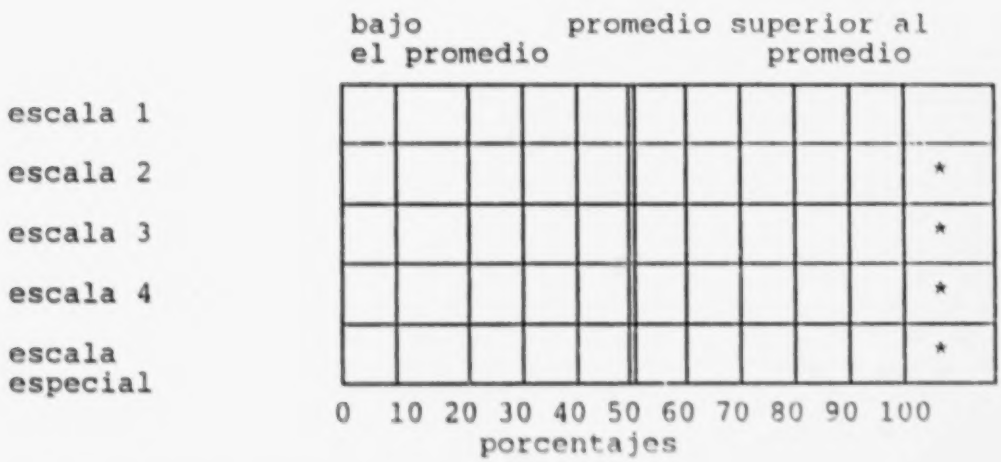
b. Número de contestaciones ? _____

c. Substraiga b de a _____

RESULTADO DE LA ESCALA: Divida el resultado global por la cifra obtenida en la línea c. _____

_____

RESUMEN DEL PERFIL



* no se puede determinar

Appendix Q

Letter from the Coordinator of the
CERC - Caribbean Educational Resource
Center for the Hearing Impaired to
Dr. Katherine Meadow

GALLAUDET UNIVERSITY • UNIVERSITY OF PUERTO RICO

CERC

CARIBBEAN EDUCATIONAL RESOURCE CENTER FOR THE HEARING IMPAIRED
College of Education, Box "E", U.P.R. Station, San Juan, P.R. 00931 (809) 767-1245

March 3, 1988

Dr. Catherine Meadow Orland
Center for Studies, Education
and Human Development
Gallaudet University
800 Florida Avenue, NE
Washington, D. C. 20002

Dear Dr. Meadow Orland:

Last year while I was in Gallaudet University I had a chance to talk to you over the phone and share with you the possibility of the research proyect being conducted with your scale, The Meadow Kendal Social Emotional Assessment Inventory for Deaf and Hearing Impaired Students, Pre-School Form. I am happy to indicate that the project with this scale was submitted to "FIPPI". This is the program that belongs to the University of Puerto Rico and it is for institutional funds for research. The professor that is working in this project, professor Lydia Bermúdez forwarded me a copy of the research. She indicated that it has been approved, that she is now working in the translation of your scale.

I wanted to take this chance to share with you our enthusiasm with this research project and let you know that we are working at this phase. The project, copy of which I am enclosing, is in Spanish, but I thought it would be a good idea for you to secure a copy for your personal records. We will keep in touch pursuant to the research project and we will be sure to provide you with some results as soon as the translation of the Scale is completed and some data gatherered.

Thank you very much for your enthusiasm with this project.

Yours truly,

Celeste Freytes
CERC Coordinator

cc.: Prof. Lydia Bermúdez

: Dr. Gilberto Delgado
Int'l. Development Officer

CENTRO DE RECURSOS EDUCATIVOS EN EL CARIBE PARA EL AUDIO-IMPEDIDO
Facultad de Pedagogía, Apartado "E", U.P.R. Sta., San Juan, P.R. 00931 (809) 767-1245

CREC
GALLAUDET UNIVERSITY • UNIVERSIDAD DE PUERTO RICO

[illegible]

[illegible] certification of translation of the [illegible] in the [illegible] Social-Emotional Assessment Inventory for Deaf and Hearing Students, Student - Teachers [illegible] from English to [illegible].

CORINNE ETIENNE
TRANSLATOR
FRENCH, ENGLISH, SPANISH, GERMAN

153 CALLE CRUZ APT. 4A
N JUAN, PUERTO RICO 00901

TEL. 723-8454

7 de marzo de 1988

A quien pueda interesar :

Por este medio certifico que he revisado y corregido la traducción del inglés al español, hecha al documento Meadow-Kendall Social-Emotional Assessment Inventory for Deaf and Hearing Impaired Students.

Cordialmente,

Corinne Etienne

GALLAUDET UNIVERSITY • UNIVERSITY OF PUERTO RICO

CERC

CARIBBEAN EDUCATIONAL RESOURCE CENTER FOR THE HEARING IMPAIRED
College of Education, Box "E", U.P.R. Station, San Juan, P.R. 00931 (809) 767-1245

March 3, 1988

Dr. Catherine Meadow Orland
Center for Studies, Education
and Human Development
Gallaudet University
800 Florida Avenue, NE
Washington, D. C. 20002

Dear Dr. Meadow Orland:

Last year while I was in Gallaudet University I had a chance to talk to you over the phone and share with you the possibility of the research proyect being conducted with your scale, The Meadow Kendal Social Emotional Assessment Inventory for Deaf and Hearing Impaired Students, Pre-School Form. I am happy to indicate that the project with this scale was submitted to "FIPPI". This is the program that belongs to the University of Puerto Rico and it is for institutional funds for research. The professor that is working in this project, professor Lydia Bermúdez forwarded me a copy of the research. She indicated that it has been approved, that she is now working in the translation of your scale.

I wanted to take this chance to share with you our enthusiasm with this research project and let you know that we are working at this phase. The project, copy of which I am enclosing, is in Spanish, but I thought it would be a good idea for you to secure a copy for your personal records. We will keep in touch pursuant to the research project and we will be sure to provide you with some results as soon as the translation of the Scale is completed and some data gatherered.

Thank you very much for your enthusiasm with this project.

Yours truly,

Celeste Freytes
CERC Coordinator

Cc.: Prof. Lydia Bermúdez

: Dr. Gilberto Delgado
Int'l. Development Officer

CENTRO DE RECURSOS EDUCATIVOS EN EL CARIBE PARA EL AUDIO-IMPEDIDO
Facultad de Pedagogía, Apartado "E", U.P.R. Sta., San Juan, P.R. 00931 (809) 767-1245

CREC

GALLAUDET UNIVERSITY • UNIVERSIDAD DE PUERTO RICO

GALLAUDET UNIVERSITY

GALLAUDET RESEARCH INSTITUTE
Center for Studies in Education and Human Development
(202) 651-5206

KENDALL GREEN
800 FLORIDA AVENUE, N.E.
WASHINGTON, D.C. 20002

March 21, 1988

Celeste E. Freytes
Coordinator
Centro de Recursos Educativos del Caribe
Colegio de Pedagogia
Box "E" UPR Station
San Juan, Puerto Rico

Dear Dr. Freytes:

Congratulations on receiving funding for your project! I was delighted to hear from you, and pleased that you are interested in the inventory. Please let me know if I can be helpful as the work progresses.

Sincerely,

Kathryn Orlans

Kathryn P. Meadow-Orlans, Ph.D.
Senior Research Scientist

KPM/kk

MAY 23 '88

Gallaudet University
International Center on Deafness (ICD)
800 Florida Avenue NE Washington, DC 20002
(202) 651-5585
9102-400 22B (GALCOLICD)

May 16, 1988

TO WHOM IT MAY CONCERN

Professor Lydia Bermúdez has been authorized to translate the Meadow-Orlands Scale of Social-Emotional Assessment of Deaf Students. This translation is to be used for research purposes and is tied to objectives of the research project she submitted (and was approved) by the Research Office of the Office of the Dean of Academic Affairs, University of Puerto Rico, Río Piedras Campus.

Celeste E. Freytes
CERC Coordinator

ac

cc.: Dr. Gilberto Delgado
Int'l. Development Officer
Gallaudet University

University of Puerto Rico
Caribbean Educational Resource Center (CERC)
College of Education
Box "E" UPR Station San Juan, PR 00931
(809)767-1245